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MESMERIST'S
MANUAL.
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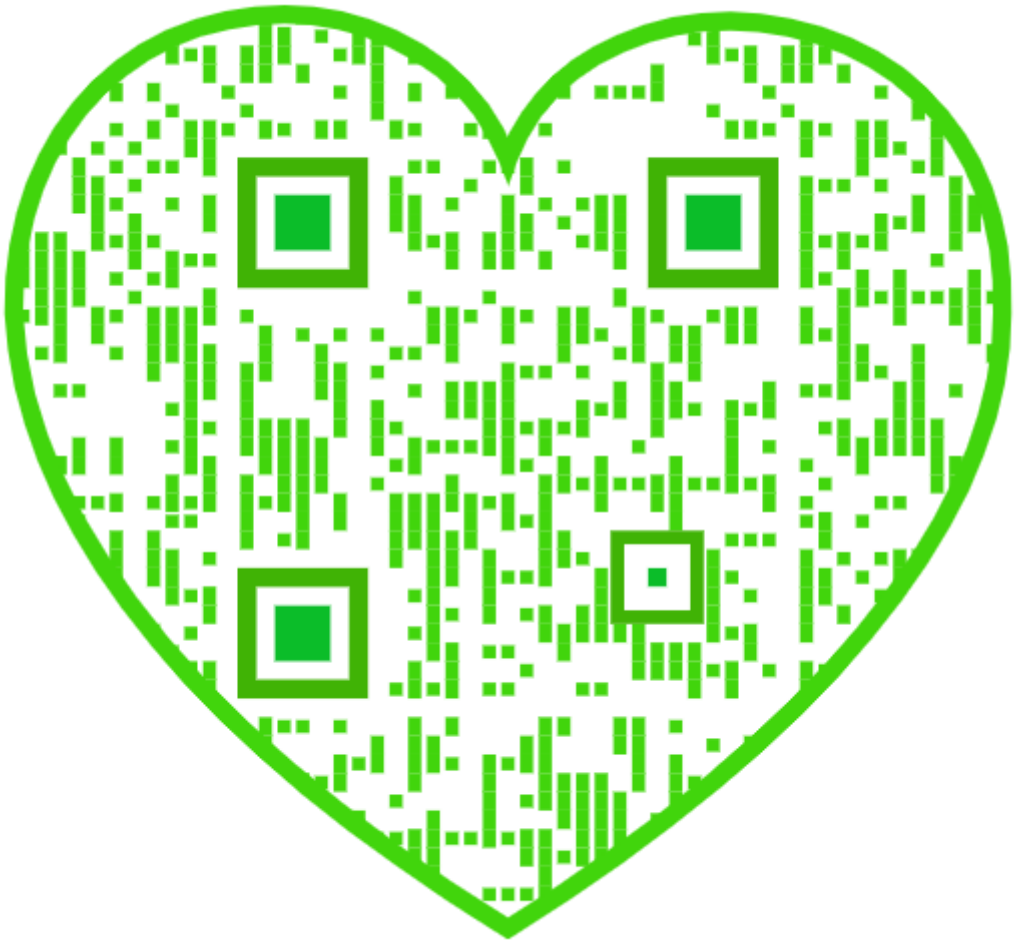

Standard Works
ON MESMERISM,
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ASHBURNER (JOHN). Facts in Clairvoyance, with Observations on Mesmerism, and its Application to the Philosophy of Medicine, and to the Cure of Diseases. 8vo. London, 1848. 1*s.*

DELEUZE. Practical Instruction on Animal Magnetism. Translated by Thomas Hartshorn. Fourth Edition. With Notes, and a Life, by Dr. Foissac. 12mo. London, 1850. 4*s.* 6*d.*

REICHENBACH (BARON CHARLES). Physico-Physiological Researches on the Dynamics of Magnetism, Electricity, Heat, Light, Crystallization, and Chemism, in their Relations to Vital Force. The Complete Work from the German, Second Edition, with Additions, a Preface, and Critical Notes. By John Ashburner, M.D. 8vo. with Woodcuts, and one Plate. London, 1850. 15*s.*

> "Dr. Ashburner has made the book particularly interesting by his Notes. Some of them are exceedingly curious, and they all give evidence of unparalleled industry and talent in the investigation of a subject not immediately productive either of wealth or professional influence."—*Family Herald*, No. 371, *June* 15, 1850.

TESTE. A Practical Manual of Animal Magnetism: containing an Exposition of the Methods Employed in Producing the Magnetic Phenomena, with its application to the Treatment and Cure of Diseases. By A. Teste, M.D. Translated from the Second Edition, by Dr. Spillan. M.D. Dedicated, with Permission, to John Elliotson, M.D., Cantab., F.R.S. 1 vol. post 8vo. London, 1843. 6*s.*

TOWNSEND. Facts in Mesmerism, with Reasons for a Dispassionate Inquiry into it. By the Rev. Ch. H. Townsend. Second Edition, with a new Preface, and Enlarged. 8vo. London, 1844. 9*s.* The most Philosophical Work on the subject.

ZOIST. A Journal of Cerebral Physiology and Mesmerism, and their Application to Human Welfare. Published Quarterly, each Number 2*s.* 6*d.* This Journal contains Papers by Drs. Elliotson, Engledue, Ashburner, &c. 31 Numbers have already appeared. Nos. 1 to 28, forming 7 vols. 8vo. Cloth, Boards, each vol. 11*s.* Vol. 1., commencing April 1, 1843, being nearly out of Print, is £1 10*s.*

THE

MESMERIST'S MANUAL

OF

PHENOMENA AND PRACTICE;

WITH DIRECTIONS FOR APPLYING

MESMERISM

TO

The Cure of Diseases,

AND THE METHODS OF PRODUCING MESMERIC PHENOMENA.

INTENDED FOR DOMESTIC USE AND THE INSTRUCTION OF BEGINNERS.

By GEORGE BARTH.

SECOND EDITION.

LONDON:
H. BAILLIÈRE, 219, REGENT STREET,
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PREFACE TO THE FIRST EDITION.

In presenting this little Manual to the public, I seek to offer something which may be useful to those who desire a knowledge of the subject. I do not, for a moment, presume to say that I can teach that which is not already known. I claim nothing as a discoverer,—I am merely a retailer of other men's discoveries. That which a man learns from others and then reduces to practical experiment, verifying and understanding by personal observation, he makes his own,—and may again teach or set it forth without being charged as a mere plagiarist. Mesmerism was well understood and practised, even in this country, before I was born; all relating to it which I now know and can tell has been already ascertained; it is therefore not personally a fault—that I cannot teach anything not previously known. The information which I try to give in the following pages I know to be truth; the reader will judge if it be given plainly or obscurely; I can only hope for a favourable verdict if found worthy of it. I make no pretension to elegance of composition, seek not to produce a literary work, but am content if it be found plain and practical, and consequently useful. If I am charged with twice telling or repeating the same thing too often—be it so; I would rather tell too well than be obscure, or not tell plainly enough that which it is important the learner should clearly apprehend.

I hope I have not omitted quotation marks where I have quoted from others. I have too active an organ of Self-esteem to be a mere copyist; when giving the result of others' thoughts their words may have unwittingly been used, and to this extent

a plagiarism committed. I am not conscious that it is so, and plead not guilty of a wilful purpose and intent.

If any reader finds I have written too much he can put down the book; if some think I have not told enough I refer them to the works of Sandby, Townshend, Teste, Deleuze, and others, which may be obtained at Baillière's, the publisher.

In various numbers of the *Zoist* are papers by Dr. Elliotson containing most valuable information of a practical kind, and any question as to the utility of mesmerism as an agent for curing diseases will be quite set at rest by a perusal of that periodical.

The necessity of doing justice to my subject has compelled me to state much which the uninformed reader will scarcely accept as credible; it is not easy to believe seeming impossibilities; but the reader must know that things which were deemed absurd and impossible by the past generation are the established truths of the present one. The natural tendency of human intelligence is to progression; to refuse the truth because it is not understood is to finite all improvement. Let the reader reflect on this, and grant me that credence which in like circumstances he would solicit from another. The majority of mesmerists have commenced by doubting, have next proceeded to experimental investigation, and believe from the rational evidence afforded by their personal experience. Reader! if you would be convinced of the truth of mesmerism and its phenomena you have but to follow this example. Truth will not be won unless courted.

GEORGE BARTH.

February, 1850.

PREFACE TO THE SECOND EDITION.

The whole number of copies of the first edition of this little book were sold off in ten months without any puffing or the usual means (by general advertising) of forcing a sale being employed. I may therefore fairly presume that it has found favour with that portion of the public who are studying mesmerism, and certainly need not make any apology for re-publishing it. The first edition was given as the result, not of other persons' teaching or other persons' theories, but of my own practical experience. Since it was published my time and faculties have been wholly and constantly employed in the practice of mesmerism or superintending its practice by others; consequently I have been increasing my experimental knowledge of the subject, but have not found any reason presented for rejecting or altering the statements or instructions previously given. This edition has been carefully revised and some additional matter added; the corrections which have been made tend rather to amend the style than to alter the sense of the former one. I can confidently assure my readers that every statement made in the following pages may be relied on as truth. I do not assert on the hearsay evidence of others, but on the rational conviction afforded by the evidence of my own senses, supported by the evidence of all others who have practical knowledge of the facts. The subject of mesmerism is now exciting such universal attention, both on account of the wonderful phenomena produced and the beautiful cures of diseases obtained by the application of its influence, that all works, which profess to discover its true nature, to explain its

laws, or to guide the learner in its practice, must certainly be acceptable to the reading and thinking public. In preparing this Manual I have carefully avoided hypotheses, and confined myself to facts and practical instructions, but I nevertheless fear it will be found imperfect and unsatisfactory to those who desire a large and comprehensive knowledge of the subject, who seek an acquaintance with the mesmeric causes of our mesmeric effects or facts. This information must be sought from abler pens than mine. Men of competent ability are now engaged on the subject. In the meanwhile my readers, in addition to the works of Sandby and Townshend, may also apply themselves with both pleasure and profit to the study of the Baron von Reichenbach's "Researches," and the perusal of a recent and excellent work, by Dr. Gregory, the celebrated professor of chemistry at Edinburgh, entitled "Letters to a Candid Enquirer on Animal Magnetism."

GEORGE BARTH.

No. 4, *Mornington Crescent,*
May 7th, 1851.

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INTRODUCTION.

The following pages are not written for the instruction of mesmerisers who have more knowledge of mesmerism than I have;—I do not presume to teach any such;—I write to instruct those who are desirous of learning the practice of the art, and have no better means of gaining the requisite knowledge.

Some mesmerists have a notion that there is little connected with the practice of mesmerism which requires teaching—that if persons are only shown how to make downward passes, they can be safely left to do as they may with a patient; others, equally conversant with the subject, are of opinion that all who attempt the practice of mesmerism should receive sufficient preliminary instruction—to this latter opinion I decidedly adhere.

I have had a tolerably extensive experience—quite enough to enable me to form an opinion—and I declare that I would not permit a person ignorant of the mesmeric conditions and phenomena to practise upon my wife or one of my children, unless I was present to direct and control the operation. That which I would not like done to my own I cannot recommend as proper to be done to others. The query here suggests, "Why would you not permit an ignorant person to practise? what harm could he do? can persons be injured by the application of mesmerism?" My reply is, "That there are some few persons, of exceedingly delicate and sensitive nervous temperament, who might be seriously inconvenienced, and probably injured, by an improper application of the mesmeric influence." I cannot pos-

sibly conceive or believe that a perfectly healthy and competent operator, who already knows what he ought to do—what end he proposes to obtain—how best to accomplish that end—understands the peculiar abnormal state he may induce on his subject—how to control and manage that state—and how to restore the patient to his natural state,—I cannot conceive that such operator is at all likely even to inconvenience his patient. It is not the operation of the instructed but of the uninformed mesmeriser which might be injurious to the subject of the experiment. The particular sort of mischief to be apprehended I will explain in my subsequent pages. Fortunately, the information necessary to qualify a person for a safe and proper mesmeriser is not difficult of acquisition. I hope in the following chapters to succeed in placing much that it is needful the mesmeric operator should know before the reader, and in so plain and simple a form that he will not have any difficulty in comprehending it. I advise all who wish to exercise the art to make acquaintance with practical mesmerisers,—get permission to see their cases, and learn from personal observation; but when this is not attainable, they will find enough information in the following pages to guide them safely in the practice.

MESMERISM, OR ANIMAL MAGNETISM,

(For the terms are synonymous), viewed as the expression of a fact, is the name given to a peculiar power or force, or action of one human organism upon another human organism.

Viewed as a science, it is knowledge which embraces the physical and the metaphysical—knowledge of the laws, forces, or mediums which unite the material with the spiritual—knowledge of the phenomena

which are evoked by the action of spirit upon matter, and their reaction—knowledge which leads on where anatomy and physiology leave off—knowledge of the existence of certain imponderable principles or elements which are essential to, and co-existent with, vital organization—knowledge of the action of these elements upon the man, psychically and physically—knowledge of the effects which follow, when the harmony of their action is disturbed.

Viewed as an art, it is the exercise of a human power by which one person may bring another into certain abnormal states, and which sometimes establishes very peculiar sympathy betwixt the operator and his subject, placing them in a singular relation to each other.

By the exercise of this influence the operator can often overcome the voluntary power of the subject; that which he wills, the subject does, either involuntarily, or against his wishes. It seems as if there were two human organisms and but one human will whilst the subject is under the influence.

The mental or cerebral state of the operator may also influence the subject who is in mesmeric relation with him, from the sympathy established by their mesmeric relation, and that when the operator does not desire or wish it; we then have a sympathy of perception and feeling. The operator is angry, the subject feels either vexed or angry likewise; the operator is sad, and so is his subject; the operator is merry, his subject feels joyous; the operator is calm, his subject is composed; the operator drinks, his subject swallows; the operator puts various articles into his mouth, his subject tastes them all; the operator applies odours to his nose, the subject smells them; the operator is hurt, the subject feels the pain; the operator thinks, the subject perceives his thoughts, and, if capable of speech, responds vocally to them. Furthermore, the sympathy or nervous communication of the parties establishes physical relations betwixt them, and this physical com-

munity may be productive of great benefit to invalids who are subjected to the mesmeric operation. Suppose the subject is weak, and suffering from pain and disease, the operator being strong and in vigorous health: the operator mesmerises the subject, that is, he induces the peculiar relation betwixt them—the patient becomes impressed by the physical condition of the operator—it would seem as if a portion of his health was transmitted to the sufferer. The operation is concluded by the influence expending itself spontaneously, or on the operator restoring the patient to his normal state, by removing or suspending the persistence of the influence. The patient now feels stronger and better; his pains are gone, or greatly relieved; organs which had tardily performed their functions manifest symptoms of activity,—they have received a healthy stimulus. The operation is repeated daily, or at certain intervals; the patient is dosed, not with drugs, but with health; these doses of health sooner or later drive out disease, and the sufferer is cured, if not already too seriously diseased for organs to admit of a restoration of their proper functions.

The exercise of the power is an art; the principles on which the art is based form a science. Experience teaches us the art,—experience alone will not acquaint us with the science.

I purpose chiefly to treat of mesmerism as an art, and it is therefore unnecessary that I should do more than briefly allude to its

HISTORY.

It is generally believed by those investigators who have enquired into and considered the subject, that mesmerism, as an art, has been known and practised

at all times, even in the earliest ages. There are passages in the historical narrations of the Old Testament which certainly refer to its use; and particularly the wrathful reply of Naaman to the messenger of Elisha (2 Kings v. 11):—"Behold, I thought he will surely come out to me, and stand and call on the name of the Lord his God, and strike his hand over the place and recover the leper;" or, as the Hebrew text renders the passage, "Behold, I said to myself he will surely come out to me, and stand and call on the name of the Lord his God, *and move up and down his hand over the place and recover the leper.*" This seems to establish the fact that it was customary amongst the Syrians, B. C. 891, to move the hand up and down (or in other words, make the mesmeric passes) over a diseased person, to cure the disease. The evidence is also tolerably conclusive that it existed amongst the ancient Egyptians and Greeks; and, probably, amongst them it was not only an art, but known as a science. There are occasional traces of it from these periods until it was formally claimed to be received as a science by Mesmer, during the latter part of last century. A knowledge of the power has certainly existed in the East amongst the Brahmins from the earliest periods to which any records of their history refer down to the present time. Travellers also have narrated circumstances which justify a belief that the power is exercised by some Australian tribes and other ignorant races of the present age.

If we accept the mesmeric power as a natural faculty we can hardly see how it could have been otherwise than known to the ancients. We have yet to learn that men are now possessed of any natural power which they had not formerly. They might be ignorant of railroads worked by steam engines and electric telegraphs, but it is safe to assume that they had much valuable knowledge which was afterwards

lost, and which we moderns have yet to re-discover. They—the ancient learned—were shrewd observers of natural phenomena, and deeply studied the occult properties of organic and inorganic matter; they gathered knowledge from nature direct, and could not have failed to know this power of the most highly organised material existence—man.

Mesmerism, therefore, is not an invention; it is not a modern fiction devised by some cunning doctor to gull the public and increase his own fame, but an old-fashioned fact—as old fashioned as men's wearing noses to their faces, or listening with their ears, or using their other senses.

Mesmer, after whom the science or art in this country is named, was a German physician; he may have derived his knowledge of the subject from personal experience, or from the writings and communications of others; he cannot be considered a discoverer of it, for nearly a century before Mesmer's time it was practised by Valentine Greatreakes and others. Mesmer, however, is entitled to the credit, not only of insisting on its truth as a science, but of publicly promulgating its utility as a curative agent. He made cures and converts to its truth, and taught its practice to others, from whom it spread all over the continent, and even found its way into this country.

Amongst the writings of the so-called Hermetic Philosophers—the Alchemists, as Paracelsus, Crollius, Libarius, Kircher, and others—frequent allusions and observations occur which justify a conclusion that a knowledge of mesmerism existed amongst them. John Baptist Von Helmont, Lord of Merode, &c., who was born at Brussels in 1574, and by whose labours chemistry underwent another revolution and medicine assumed an entirely new aspect, appears to have been well acquainted with the ecstatic sleep and clairvoyance of the moderns; and in one of his numerous works,

"The Magnetic Cure of Wounds,"* he expressly asserts the existence of a duality of "magnetism" or "will principle—the one existent in the soul, the other in the flesh and blood of man; and to the latter he entirely attributes the phenomena of clairvoyance; and after quoting from the work of his preceptor, Martin del Rio, the Jesuit,† an account of

"A youth who in a state of extatic sleep saw his mother, though many leagues distant, and upon returning again to himself perfectly remembered all things his fancy met with in this more than Pisgah vision, and reported many signs to attest his real and presential visit to his mother"—

affirms that this clairvoyant power

"Is able to transplant the spirit of the outward man, the magnetic will principle of the flesh and blood, to a determinate object though at a vast distance; and that this magnetic power lies dormant in the flesh and blood, as in potentia, unless roused and excited by the imagination exalted by fervent desire or some other art equivalent to affection."

And further, when treating of "coma vigil or catalepsy," he states—

"That in man there sits enthroned a noble energy, whereby he is endowed with a capacity to act, *extra se*, without and beyond the narrow territories of himself, and by the natural magic of his will enabled to transmit a subtile and invisible virtue, a certain influence that operates upon an object at a very great distance."

And to this magnetic or will principle he alone attributes curative powers, and not, as is often stated, to an artificial or extraneous magnet of any kind.

Van Helmont also anticipated the soul-seeing powers

* Translated by Dr. Walter Charlton, Physician to King Charles I., under the title of "A Ternary of Paradoxes," and published in 4to., 1650, who in the prologomena expressly styles the work a "Theory of Magnetism, or the secret power of natural actives working on analogous and determinate passives, by invisible emanations or influential energy transmissive to remote distances."

† "Disquisitionum Magicarum," 3 vols. 4to., 1617.

of Davis, Madame Hauffe, and others; and in the 13th section of his treatise "On the Vision of the Soul," relates that—

"Having panted incessantly for eighteen years with an intense desire of knowing the nature of his soul, 'in a vision he had a sight of his soul,' in the figure of a man whose whole was homogeneous, actively discerning, a substance spiritual, crystalline, and lucent by its own native splendour, but enshrined in a second nubilous part, as the husk or exterior cortex of itself."

The first distinct early work on the subject is Dr. Robert Fludd's Mosaical Philosophy, originally published in Latin in 1574; and of which an English translation was published in 1659. Mesmer was deemed by many of his disciples to have obtained his knowledge of the subject from this work. The word magnetic was already used by Van Helmont, and Mesmer used the term animal magnetism to designate the power or force. Mesmer considered the effects produced to be attributable to a universally-pervading magnetic element, and invented a system which he enunciated in twenty-seven propositions, embodying his ideas of its principles. Some of these ideas were possibly original, some probably borrowed from the predecessors referred to. The truth of many of his propositions is at the present time well established; of a few we may say, in an apposite quotation, "not ascertained, perhaps doubtful, but not as yet disproved." Any magnetist reading these propositions will perceive that Mesmer had well studied his subject; but he has been considered to have introduced, in its practice, addenda which tended to confuse and mystify, rather than increase its efficacy. Be this as it may, Mesmer made many cures, and caused a popular belief in animal magnetism to spread.

I have now before me a volume of magazines published in London in 1790, containing three articles upon animal magnetism, from the tenor of which it is quite plain that not only the curative power thereof was

well known, but clairvoyant states as well understood as at present. Dr. Sibley, in a curious work on physiology and pathology, published towards the end of the last century, devotes a whole section to the cure of diseases by animal magnetism. Dr. Bell, in 1792, published a theory of animal magnetism. Dr. de Mainaduc is considered to have introduced the subject under the name of animal magnetism into England in 1787. Mr. Holloway, who was a clerk in the Bank of England, and brother of the celebrated engraver, is reputed to have acquired a respectable fortune by practising and teaching the art before the present century commenced. I lately was favoured by a visit from a lady who practised mesmerism for the cure of rheumatism and some other diseases sixty years ago. She was a pupil of Holloway's, and informed me that the grandfather of the present Charles Mathews, the comedian, was a fellow pupil. I also know of a lady, residing at the present time near to town, who was cured of a cancer—or an alleged cancer—by mesmerism fifty years ago, in London.

A commission was appointed in France in 1784, by order of the king, Louis XVI., to enquire into and report on the subject. Amongst the men who composed it were the great Benjamin Franklin, Lavoisier the chemist, and others of acknowledged celebrity in literature and science. How far these men were competent for the task imposed upon them is matter of opinion, which will be decided differently by those who support and those who refuse to entertain the system. Men may be good chemists, able natural philosophers, and conversant with physiology to the full extent to which it is taught in the best schools, and yet be incompetent to serve as impartial jurymen on a subject which their peculiar knowledge does not reveal,—nay, they may become prejudiced against a subject which does not appear to harmonize with their previous experiences. Their report has been considered

as having exploded the system; this is an error. They seem to have admitted certain of the facts presented, but denied the theory on which it was presumed the facts could be explained. One of their number, the celebrated botanist Jussieu, who had paid great attention to the proceedings, refused to sign the report, drew up a counter report, in which he declares, from the experiments he had witnessed and made, his conviction not only of the truth of the facts averred, but that there was some force or action of one organism upon another, by which the effects were induced. Notwithstanding this report being on the whole unfavourable, mesmerism continued to spread in Germany, France, and other parts of the continent. It was also introduced and practised as a curative agent in this country; but I suppose had no advocate at that time who was able or willing to promulgate its use and truth, consequently it was known but to few.

In 1825, a second French commission was appointed to examine and report on the subject of animal magnetism. They met in 1826 and continued their investigations until 1831, when they made their report, which was signed by nine physicians—members of the commission. This report, which is drawn up with considerable ability, confirms the reality of all, or nearly all the phenomena contended for by mesmerists. It is too long to quote entire, but a few extracts may be interesting. The commissioners say, in Article—

"8.—A certain number of the effects observed have seemed to us to depend on magnetism alone, and are not reproduced without it. These are well attested physiological and therapeutical phenomena."

"9.—The real effects produced by magnetism are very varied; it disturbs some, tranquillises others; most usually it causes the momentary acceleration of the respiration and circulation; temporary convulsive movements of the fibres, resembling electric shocks; stupor, more or less profound; somnolence; and, in a small number of cases, that which magnetisers call somnambulism."

"13.—Sleep brought on with more or less readiness, and established to a degree more or less profound, is a real but not a constant effect of magnetism."

"14.—We are satisfied that it has been excited under circumstances where those magnetised could not see, and were entirely ignorant of the means employed to occasion it."

"16.—D.—Most of the somnambulists that we have seen were completely insensible. One might tickle their feet, nostrils, and the angle of the eyes by the approach of a feather, pinch their skin so as to produce ecchymosis, prick it under the nails with pins put in to a considerable depth, without their evincing any pain, or being at all aware of it. In a word, we have seen one person who was insensible to one of the most painful operations of surgery, and whose countenance, pulse, or respiration did not manifest the slightest emotion."

"29.—Considered as an agent of physiological phenomena, or as a therapeutical means, magnetism must find its place in the *cadre* of medical knowledge, and consequently medical men only should practise it, or watch and superintend its employment, as is done in the northern countries."

The commissioners, in concluding their report, ask if they have used proper precautions to avoid being taken by surprise; whether, with their feeling of constant distrust in the examination of phenomena, they have scrupulously performed their duty to the Academy of Medicine, who appointed them, and to themselves. They reply in the affirmative: they say—

"With what distrust more marked, or more cautious, could we have been influenced? Our conscience has answered us aloud that you could expect nothing from us which we have not done. Then we have been honest, accurate, faithful observers."

"——. Certainly we do not presume to make you share our conviction regarding the reality of the phenomena observed by us, and which you have neither seen nor followed, nor studied with us, and as we did."

"We do not, then, claim from you a blind credence in all that we have reported. We conceive that a considerable portion of these facts are so extraordinary that you cannot grant it to us; probably we ourselves would presume to refuse you ours, if you came to announce them at this tribunal to us, who, like you, had neither seen, observed, nor studied any of them."

"All we require is, that you judge us as we should judge

you; that is, that you will be convinced that neither the love of the marvellous, nor the desire of celebrity, nor any interest whatever has guided us in our labours. We were animated by motives of a loftier character, more worthy of you,—by the love of science, and by the necessity of justifying the hopes which the Academy had entertained of our zeal and our devotion."

The whole of this report is worthy perusal, and will be found in *Teste's Manual of Animal Magnetism*, which may be obtained at Baillière's. There is also an English translation of Teste's work, by Dr. Spillan, to be had from the same publisher. The cautious spirit which pervades it would lead one to believe that the commissioners gave an assent, rather reluctant than otherwise, to the truth of the phenomena which had been presented for investigation. The plain matter-of-fact manner in which they express their opinion, so different from that which would characterise the style of the enthusiastic supporters and advocates of the system, entitles this report, when we also consider the men from whom it emanated, to the respect and credit of their professional brotherhood in this country. We may wonder now—and our posterity certainly will—that any member of the British medical profession should have been found willing without any examination to pronounce that a fraud and delusion which had been carefully investigated and cautiously declared upon as animal magnetism has been by this French Medical Commission. However, the fact nevertheless remains, that many have done so, and a few still do so.

To Dr. Elliotson, unquestionably, the honour appertains of having dragged mesmerism from the obscurity in which it was hidden amongst us. The doctor originally was shown some mesmeric facts by the late Mr. Chenevix. Mr. Chenevix had seen mesmerism practised by the Abbé Faria, in Paris; had subsequently been convinced of its truth, and then became an experienced and devoted practitioner. He contributed five papers on the subject, in the *London Medical and*

Physical Journal for 1829, and was most earnest and zealous in his endeavours to promulgate and establish a conviction of the truth and utility of mesmerism. Unfortunately for the cause Mr. Chenevix died in 1830.

After the foundation and opening of the London University, and hospital in connection with it, Dr. Elliotson, who had already been acknowledged by public opinion and the common consent of his professional brethren, as standing at the head of the profession, accepted the office of a physician to the new hospital and filled the first chair as one of the professors to the medical school. Whilst connected with the hospital and school, an introduction obtained by Baron Dupôtet (a French magnetiser), in 1836 or 1837, to Dr. Elliotson, turned his attention again to the subject, of the truth of which he had been convinced by the facts Mr. Chenevix had shown him; and he forthwith proceeded to ascertain for himself, by experiment, that certain wonderful phenomena could be produced in the human organism by the exercise of this power, and that its use could enable the physician to cure pleasantly and easily diseases which had baffled his skill in the application of ordinary methods of cure.

Those who know John Elliotson, know that he is not too vain to learn a useful truth from any source; that he is not to be convinced on insufficient evidence; but, when once convinced, that he is not to be deterred from expressing his conviction—and acting upon his conviction if he sees a reason for so doing. Dr. Elliotson ascertained, by experiment, certain facts appertaining to mesmerism, and the fact of its curative power was certainly not the one which interested him least. Convinced of this fact, he forthwith reduced it to practical utility, and introduced mesmeric treatment within the wards of the University Hospital, restoring health to poor patients, who in all probability must otherwise have been discharged as incurable. The doctor not only mesmerised patients himself, but caused his clinical

clerks to assist him, and would have soon established the utility of mesmerism as a branch of medical treatment beyond the possibility of dispute, had he been permitted to continue the hospital practice of it.

Many men (and possibly not a few of the medical profession) are so unfortunate in their cerebral organizations, that they are incapable of originating ideas, or even of comprehending them when originated by others, until their truth and utility is established and universally received. These men learn, whilst youths, that which others teach them,—and, as men, practise that which they have learned;—they are incapable of acquiring knowledge by themselves, and when their beards grow stiff, become too stubborn and vain to be taught by others. These men, whether engaged in politics or physic, in commerce or the arts, stand still or move in a circle; they understand not progression —they abominate it. To them, "that which is new cannot be true; that which is true cannot be new." They cannot become leaders, and are awkward followers in a new path. The more the leader pulls onward the more they hang back. They may have their use—as the dull horses suited for the mill-track have.

Now, in this year of 1837, there were certain men—more or less answering to this description—connected with the management and duties of the hospital; and, moreover, there were also enough of them to form a majority. Dr. Elliotson's genius had heretofore led him to avoid the rotatory movement; he liked onward progression, and had devoted himself to the improvement of medicine as a science, and of its practice as an art. Whilst his exertions were confined to the beaten path, his professional brethren were content that he should move onward, and were not unwilling to follow. His introduction of mesmeric treatment into the hospital practice was viewed as an imprudent innovation on the routine system; it was as if a shell had been thrown into the mill-track which might blow the stiff-

kneed horses into a path where the circular motion was not possible. This majority stayed not to enquire if the doctor's new treatment was good treatment,—they cared not that it cured the patients,—they feared it might lead to progression in a straight path which would not bring them back to their starting point,—they also feared "*what Mrs. Grundy might say;*"—and, after some time spent in caballing and counselling, they—the majority—determined, though few were medical men, that they knew better how disease should be cured than their head physician, and eventually resolved that mesmerism should no longer be practised within the walls of the hospital. On Dr. Elliotson hearing of this resolution, believing it was the physician's privilege to determine how his patients should be cured, and that it would be derogatory to the respectability of his profession, and to the character of a gentleman to submit to such dictation, he instantly resigned his professorship, and withdrew from all connexion with the hospital, its school, or concerns; generously requesting that the fees received or due from his class might be returned, and that his pupils would accept as a gift that portion of his course which had already been attended by them. Thus ended the doctor's connexion with the *quondam* liberal institution and its hospital.

Dr. Elliotson, by the bold and uncompromising course he pursued, had become the champion of the mesmeric truth in this country, and he was forthwith assailed by the medical periodicals of the day and the great bulk of the medical profession; as they could not strangle the worthy doctor in person, they determined at least to stifle the truth which he maintained with the dirt which they raked up and cast against it and its champion. Bitterly cruel and malignant were the sarcasms and falsehoods which they unsparingly used towards mesmerism, and Dr. Elliotson for supporting it. They no longer considered his claims to

their respect—hitherto acknowledged by them to be his due for a long course of earnest and valuable labours in their own field; he had become in their eyes an innovator,—he had ventured to step out of their beaten track,—and they, therefore, hesitated not to treat him as their professional predecessors had treated Harvey and Jenner. The success which has attended these efforts can be well estimated, by comparing the position which mesmerism held in 1839 with that now occupied by it at the present time. History has told how Harvey and Jenner were treated, and living facts tell how the truths for advocating which they were vituperated are now esteemed; and thus also it is, and must be, with mesmerism and Dr. Elliotson. It must be, for mesmerism is a truth. Truth, like a diamond, is not easy to be crushed; it may be defiled with the mud of falsehood and calumny—what then?—time dries the mud, it cracks and falls away,—or honest investigation clears it off,—and there stands the diamond shining in its pristine brilliancy.

Though Dr. Elliotson could not convince those of his brethren who would not be convinced, he led his pupils, some few of the profession, and many intelligent non-professional gentlemen, to a knowledge of mesmerism. Many had already obtained a knowledge of it on the continent, and all controversy and attempts to talk and write it down still kept the subject in agitation; it was no longer in the keeping of those who would permit it to be smothered; the more it was agitated the more it was examined, and its truth being easily ascertained on practical investigation—and that investigation easily made—it was constantly in all circles receiving that investigation and making new adherents.

Dr. Elliotson soon had associated with him in his labours to disseminate the truth some few bold and uncompromising spirits in his profession, amongst whom Dr. Ashburner stands prominently forward. No

man has pursued the subject in a more philosophic spirit of experimental enquiry than this gentleman. He has laboured hard to unravel the association existing between the active agent or agents of the mesmeric phenomena and the imponderables—electricity and magnetism.

I am not in a condition to explain to how great an extent Dr. Ashburner has been successful in showing the identity of the powers,—he has done enough to prove that certain applications of these powers will induce like effects to the mesmeric of the human influence.* He has been most earnest in promoting the use of the mesmeric power as a curative agent, and made many cures by his personal application of it.

In India, Dr. Esdaile has done wonders. He had heard much of mesmerism; he had never seen an instance of any one of its phenomena, but like an honest rational man was willing to believe there might be truth in the averments of Elliotson and other men, whose statements he would have credited if they related to other matters. He just tried the truth by making an experiment for himself and succeeded in putting an ignorant patient to sleep. Persevering, he educed other phenomena with other patients, and eventually when mesmeric books reached him from Europe he found the phenomena were not new;—that whilst working independently by and for himself, those very phenomena, which others had often observed and were familiar with, were presented to his notice as the effects of his power: a beautiful corroboration of the law, that though mesmeric effects differ in individual cases, the aggregate or general results are the same all the world over. Dr. Esdaile, convinced of the truth and use of the mesmeric power, proceeded at once to its application, with the perseverance and energy of a modern

* A work on this branch of the subject by the celebrated Baron Von Reichenbach with additions by Dr. Ashburner, is now published. Also an edition with notes by Dr. Gregory.

Hercules. He had an admirable field to labour in, and has obtained a far larger amount of personal experience than others have had an opportunity for, in performing comfortably extraordinary operations of the most dangerous and severe description on patients who have undergone them painlessly, because totally unconscious of any suffering; and successfully, because the patients lived through and recovered from them. The reader must seek the particulars in the pages of the *Zoist*,—my allotted space will not permit me to give them, nor is it my intention to copy out narrations which are so easily attainable in a more elaborate form.

Ten years since the believers in mesmerism in this country were few; those who were acquainted with its practice still fewer. It required some moral courage for a man publicly to avow his belief in its truth, for the acknowledgment was certain almost to bring upon him ridicule, and from many persons slander and calumny. It was denounced from the pulpit as satanic; the pious regarded the mesmeriser as in league with the Prince of Evil, and he incurred some risk of being excluded their society, as savouring too strongly of *moral brimstone* to admit of safe association. The medical profession, as a body, stigmatised mesmerism as "*a humbug*," "*a fraud*," "*a dangerous delusion*," and much worse; and called those who ventured to practise it "*rogues*," "*fools*," "*charlatans*," "*silly dupes*," or "*madmen*." Few people even knew what mesmerism meant, and few indeed were aware that it was a healing power fraught with blessing to mankind,—that it was a key by which the philosopher might unlock the secret recesses in which are stored some of the most sublime mysteries connected with human existence.

At the present time mesmerism is no longer denounced from the pulpit, but very generally believed in and understood by the clergy; it has many kind and benevolent, and successful practitioners in that body, from high dignitaries to curates. Some of the

best treatises on the subject in this country are from the pens of clergymen. I cannot presume to say how it may be understood or esteemed by the highest personage in the realm, but amongst the aristocracy it is generally patronised. They receive it as a curative agent and many in its ranks are successful and enthusiastic practitioners. In whatsoever class of society we look, we still find mesmerism understood, exercised, and generally believed in. Gradually the medical body are coming round; few of them now venture to consider mesmerism as all fraud; they generally admit that "there certainly is something in it," although they neither understand the phenomena or useful application of this something. In India, in 1848, mesmerism received distinguished encouragement from the government, who gave Dr. Esdaile an experimental hospital, and a mesmeric hospital is now established at Calcutta. A mesmeric infirmary is established in this country at Bristol, and another is in active operation in the metropolis. In nearly every provincial city or town in the kingdom some mesmeric practitioner may be found. Physicians and surgeons in the country, eminent for their knowledge and skill, have publicly joined the mesmeric ranks, practise mesmerism, or recommend its adoption where it may be needed by their patients. Mesmerism may now be fairly considered a *fait accompli*,—freely acknowledged, and too firmly established to again sink into decadence.

This being fairly a comparison of the kind of reception afforded to mesmerism ten years ago and at the present time, we may, without claiming any special gift of prophecy, venture to anticipate its progress as attained ten years hence. Ten years hence we may reasonably expect that mesmerism, as a therapeutic agent, will have supplanted much of the present medical treatment; that it will be established as an indispensable branch of medical knowledge; that no student of medicine will be admitted as qualified to practise until

he has been proved, by competent examiners, to have acquired a certain amount of knowledge of the laws of mesmerism and its application to disease; that every medical school will have its mesmeric professorship; that a large majority of its present medical opponents will have seen the folly and cruelty of their opposition and have turned round and become earnest adherents; that those medical journals which have become notorious for trying to extinguish mesmerism with puerile articles, or lying and abusive assertions, instead of rational argument, will be defunct, having gone too far to retrace their steps, and blackened their characters too deeply to admit of reception by honourable men. We may expect that if any grey-headed antiquated specimen of the present medical generation be found then opposed to mesmerism he will be respected by his brotherhood for his past professional services, be good-humouredly laughed at for his adherence to bygone prejudices and absurd notions, be left to repose on past-earned laurels and past-earned fees, and merely be pointed at as a remaining example of that which once was. We may also venture to hope that a great increase of knowledge in the useful application of the mesmeric power will have been attained; that many of the difficulties now presented in its practice will have been surmounted; and that a higher tone of moral feeling—a more earnest character of Christian brotherhood—a more practical observance of the Divine command "to love our neighbours as ourselves, and do to others as we would be done unto," may have pervaded society, softened down its present asperities, and rendered it more capable of receiving and appreciating the great truths of mesmerism, and using it in that pure and kindly spirit of benevolence which alone can render it God's good gift to both human administrator and receiver.

OF MESMERIC STATES.

By Mesmeric State I mean to express that the patient is put by the mesmeric influence into some peculiar state;—into a state of existence differing in some one or other respect or respects from the habitual waking state which is natural to him.

Whenever we, by the exercise of our mesmeric power, artificially induce on a patient an abnormal state, such state may be considered a mesmeric state. We are assured by Dr. Elliotson, one of the best authorities on the subject, and this assurance is amply supported by others who know, and therefore can safely vouch for the assertion, that there is no state induced by mesmerism which is not induced by other causes, or may not occur spontaneously to the human organism without even any apparently exciting cause; I do not say without cause—we cannot have any effect whatsoever without a cause for it—but the cause may be hidden from us. States, attended by phenomena resembling in appearance some which are induced by mesmerism, may be caused, as is well known, by the inhalation of certain vapours—as of ether, chloroform, protoxide of nitrogen, and others;—also by the exhibition of certain vegetable substances, as opium, belladona, Indian hemp, stramonium, and others;—also by certain applications of imponderable agents,—as electricity, galvanism, the peculiar force emanating from steel magnets, from electro-magnets, from chrystals. Disturbed cerebral action, as violent mental emotions, strongly excited feelings, and even imagination, may induce states similar to the mesmeric in certain sensitive persons,

without the direct interference or action of another party. No doubt need exist that atmospheric and telluric agencies, which we cannot detect, induce like states; and many believe that psychical or spiritual influence may do the same.

Some of these states, when they occur as it were spontaneously because we do not know the exciting cause, are considered and classed as diseases,—and no doubt are diseases, and sometimes serious ones.

We must therefore consider that the human organism is more or less subject to pass into abnormal states, and that mesmerism is merely one of the agencies which will induce these phenomena.

Some writers on animal magnetism enumerate seven distinct magnetic states; some do not admit of so many —they limit the number to four; others think there are many more. The number of distinct states must entirely depend upon the distinctive character of the phenomena which enable a distinct line of demarcation to be drawn. If every difference of state is to be considered a distinct state, it would not be easy to specify any given number of states,—the variations of state which occur in different subjects are so numerous. I have succeeded in mesmerising a large number of persons, more probably than the majority of mesmerisers have done, and I do not remember to have had any two patients who were exactly alike as to their mesmeric states, if I except when in the deep trance or unconscious sleep. In this state patients are all nearly reduced to one common state,—that is, when this state is perfect. Nor need this surprise us: no two human faces are exactly alike,—no two organizations exactly alike;—we can hardly, therefore, expect to find other than some difference manifested in the phenomena educed from different organizations. As far as my own reading and experience goes, I think all mesmeric phenomena and effects may be grouped or apportioned into three distinct states; and when dif-

ferences are observed, we may consider them as proceeding from a mixing in the individual case of the phenomena observed to prevail in one state generally.

There is no possibility of laying down any special rule as to the time which may be necessary in order to obtain a decided mesmeric state, nor of the time that the patient will remain in the state when it is induced, nor by anticipation of the character of the state.*

When philosophers subject inert matter to their experiments, they know that like causes will produce like effects; and therefore, when they have accurately ascertained the results of any given operation, they can with certainty predicate the results of a similar experiment conducted under similar circumstances. We need not doubt that in mesmeric operations the same law will hold. If we obtain like causes we shall have like effects. As we are not operating either with inert materials, or on inert matter, but with living active matter—matter, as a law of its existence, ever changing, ever undergoing mutations—the like conditions are not frequently to be had; and thus it is difficult and unsafe to attempt to establish a positive rule as to the effects which may be produced in an individual case.

When a subject is mesmerised he may sleep profoundly,—he may be deprived of all voluntary power, of all sensation, of memory; or, again, he may not sleep, he may retain his sight and hearing, his memory and consciousness, and yet be unable to feel or to move, or give any expression of his consciousness. In the first case he sleeps; in the second he remains awake, but is nevertheless under the mesmeric influence. Again, he may pass into another state, in which some normal faculties are quiescent, and extraordinary abnormal faculties become active,—he is under mesmeric influence and in a mesmeric state. What shall we say of him? Is he awake in the common acceptation of

* This remark is equally applicable to all mesmeric operations.

the word? He is not. Is he asleep? He is not. Is he in a state between sleeping and waking? He is not. His state is a paradox when expressed in customary terms; nevertheless his state is a living reality. He sleeps apparently—and is yet at the same instant of time awake—never more widely awake. We shall see how this is when speaking of the state.

I have just said that all mesmeric phenomena and effects may be apportioned as peculiar to one of three distinct states.

One of these states is characterised by sleep more or less intense, and is designated as "*the mesmeric sleep.*"

Another state is the paradoxical one, called formerly —and still by many—somnambulism; but as there is often *somnolence* with somniloquism and no *ambulism* in the case, it is usually termed "*the sleep-waking state.*"

The other state is, when persons are under the mesmeric influence, often deeply mesmerised; and are neither in the mesmeric sleep, nor in the mesmeric sleep-waking state. They are still in their natural state as relates to mind,—they are no longer in their natural state as to their relations betwixt mind and body. This state when strongly marked is not of common occurrence, (unless by the design of the mesmeriser), but I have had cases of it when I could get no other state. I forget, or am ignorant if it has been particularly named by mesmeric writers, and therefore describe it as "*the mesmeric waking state,*" as this expresses the fact, and will distinguish it from the sleep and the sleep-waking states.

Though all mesmeric phenomena may be classed as belonging to one or other of these states, we must remember that in many cases the phenomena are mixed or alternate; a subject may be partly asleep and partly in sleep-waking, or he may be partly awake and partly asleep; or partly in sleep-waking and partly in his normal waking state. This mixing of the phenomena

of the three states causes a great variety or difference amongst individual mesmeric cases.

THE MESMERIC SLEEP

Is the least complicated form in which the mesmeric influence manifests its effects; and it is also (I merely give my individual opinion), the most useful and desirable form, if we desire mesmerism for its curative agency. I would never wish to induce any other state if alone consulting the welfare of each individual patient. This state varies in intensity from mere drowsiness to the deep mesmeric trance. The lighter form of the affection can only be considered a mesmeric sleep because it is induced by a mesmeric process. The patient sleeps quietly, or the sleep may be unquiet and disturbed, just as in natural sleep. You address the sleeper,—or touch him,—or make a noise,—and he awakes; he has a consciousness perhaps of something which has been said or done in the room whilst he slept, just as often happens to persons who indulge in an after-dinner nap in their chairs.

The deepest form of the affection is quite different from common natural sleep. The sleep is so intense that the mind seems overwhelmed as well as the body. All consciousness, sensation, and volition are suspended; the involuntary nervous action alone remains; and here we have an example of the safety, and consequent superiority of mesmerism over ether, chloroform, and such like agents. If our influence could as totally suspend the involuntary nervous action as it does the activity of the sensory and voluntary nerves, death must ensue. But we cannot overpower this action; we can reduce our subject to a state resembling that of a corpse, as to the power of moving, acting, and feeling,

but here the resemblance ceases. The heart still beats; the lungs play; the stomach digests; the other viscera perform their functions; the intestinal peristaltic motion continues; life is still there, and remains there in its wonted integrity, its harmony undisturbed by mental emotions or bodily sufferings. The state is a state of peace,—a state of undisturbed repose.

Physiologists teach us that life is sustained by the action of the involuntary nervous system; that life is expended by the action of the voluntary and sensory nervous systems. We thus see how it is that sleep is so eminently restorative to the vital powers. During sleep they gain, during vigilance they lose. We may thus also perceive how it is that the deep mesmeric sleep proves more beneficial to invalids whose nervous power is weakened, than natural sleep; it is less disturbed, and more profound. Dr. Elliotson tells us that there are cases in which the patient suffers, if the sleep is made too deep, or the sleep be too much prolonged; but adds that as a general rule he would always deepen the sleep as much as possible, and prolong it, or allow it to expend itself; he would never awaken a sleeper unless there were good reasons for so doing. Thus prejudicial effects from too long or too deep sleep may be considered as the exception to a general rule. Reasoning on the cause requiring the exception, may it not be that some patients suffer from a disturbance of nervous power, rather than from exhaustion of it, and that too much sleep, by increasing the supply of nervous energy beyond a certain point, tends to increase the intensity of disturbed force? In such patients we have cases where the production of rigidity and great muscular efforts in the sleep-waking state become advantageous. This opinion is put forth as mere hypothesis, but I do not see that it is improbable.

The deep sleep is not only useful as a state in which the patient becomes refreshed and strengthened, if debilitated; but it is especially serviceable in cases

where there is disturbance from moral causes. A large portion of diseases may be traced to some disturbing influence arising from moral causes, over which the physician, whose only remedy is potion or pill, has a very limited control. Opium and henbane, his sheet anchors in such cases, often cause delirium instead of sleep; and certain mischievous effects resulting from their use counterbalance frequently the good which is anticipated. But here the deep mesmeric sleep is a safe and valuable remedy. The mind, wrapped in unconsciousness, ceases to derange the physical functions by its morbid influence; and the brain, in a state of repose, regains its healthy tone. The mesmeric sleep does not impair, but repair the digestive powers; it does not arrest, but promotes the secretions; it does not constipate the bowels; it does not alter the healthy constitution of the blood; it is not succeeded by any distressing reaction.

Now, why is the mesmeric sleep so much more safe and efficacious as a remedy than the opium remedy, or the hyosciamus remedy, or the ether remedy, or the chloroform remedy, or any other analogous remedy from the drug dispensers? Simply, I take it, because all these agents derange the involuntary nervous system whilst acting on the sensory and voluntary; and, as before stated, the mesmeric sleep acts on the voluntary and sensory systems, and does not derange or suspend the involuntary.

It is not possible to over-estimate the value of deep mesmeric sleep, when used either as a primary or auxiliary agent in the curative treatment of diseases.

There is another important use of the deep sleep, namely, the power of annihilating pain, by rendering the sensorium unconscious of it. When surgical operations are performed on a patient in this mesmeric state, he feels no pain whatsoever, is saved from the shock which acute pain inflicts on the nervous energy, and also from the detrimental moral effects

attendant on the previous anticipation of pain, and the present endurance of it. Whilst the patient is thus blessed, the self-same sleep is renewing and re-invigorating the vital powers, and so preserving the nervous equilibrium that inflammation rarely occurs during the persistence of the sleep. If the patient be reduced to the proper mesmeric state there is no need to fear that he will awake before the operation is completed. Why should he? He feels nothing; he is quite unconscious; nothing disturbs him. If it be necessary or desirable to awake him, the mesmeriser easily and speedily restores him to consciousness, and as easily consigns him again to his sleep of oblivion, and keeps him in it, not only without detrimental effects, but with positive advantage.

The deep mesmeric sleep is not only applicable to prevent pain and ensure invigorating repose for patients undergoing surgical operations, but will be found equally useful in cases where persons are suffering from the painful effects of accidents. It will at once be apparent to the reader that it must necessarily be so; as far as the distress from pain is involved, it can matter little whether it be inflicted by accident or by design. Serious accidents are generally attended by circumstances causing cerebral disturbance; the system has received a shock, both mentally and physically, and here again we can have nothing better than sound sleep. It by no means follows that sleep, in cases of accident, is the only remedy. The surgical treatment must be dictated by the necessity of the case, and the judgment of the surgeon. The sleep is a useful auxiliary, and, when it can be induced, will aid the surgical treatment more effectually than the administration of any drugs at present known—if rest, the calming down of excitement, and restoration of vital energy are desirable.

The deep mesmeric sleep has been used successfully, and is unquestionably admissible and desirable, to pre-

vent the agonies of parturition being sensibly felt. I say admissible, because an idea prevails amongst fathers and matrons that the deep sleep and unconscious state induced must retard or impede the natural efforts. Such an idea cannot occur to any medical practitioner at all conversant with the subject; he knows that the muscular action of the uterus and its expulsive efforts are principally excited by the involuntary nervous system, and therefore cannot be prevented by the mesmeric sleep, which does not directly interfere with the action of the involuntary nerves. Instances are by no means uncommon of mothers being delivered in the unconsciousness of an epileptic attack, or of syncope (a fainting fit), and unconscious delivery under the influence of ether, and subsequently of chloroform, were recently common enough. I need not offer comment on the advantage and blessing of enabling a poor woman to pass through this time of trial without experiencing the agonies she must needs endure when awake and conscious. Where is the husband who will not hail with delight so great a blessing for his wife, when he is assured that there is no hidden danger attending it to counterpoise the open and manifest advantage? The other benefits of re-invigorating and composing sleep follow, of course, as they do in painless operations.

I have endeavoured to point out, though very concisely, the utility of deep mesmeric sleep, by stating that it not only restores exhausted nervous power,—calms and overcomes nervous excitement,—renders fearful operations less fearful, by causing the painful application of the surgeon's instruments to be unfelt,—increases the probabilities of a patient's recovery from a dangerous operation, by subduing the accessory circumstances, which often alone bring about a fatal termination,—that it can be made available as a potent auxiliary to surgical treatment in severe accidental

injuries,—and that we may, by its aid, deprive of its terrors a part of woman's destiny.*

I do not believe mankind are acquainted with any other agent or agents by which so much can be accomplished to alleviate the ills and sufferings of humanity which are consequent on sickness and disease. That the deep mesmeric sleep does all that I have just claimed for it is a verity, patent and notorious to thousands; the more querists will examine into the subject, the stronger will the evidence of its truth become, if they examine rationally—that is, to judge of it impartially, unbiassed by preconceived opinions.

When the sleep is not sufficiently profound, and cannot be made so deep as to prevent the patient being conscious of pain—and this often happens—it may be still deep enough to give the subject of it all the advantages of soothing and strengthening. We must also remember that the mesmeric process itself, when applied to invalids, is known to have a specific curative power, and that they may receive the benefit resulting therefrom even if no perceptible mesmeric state be at all induced by the process.

Generally there is not anything to be observed in the mere appearance of a person in mesmeric sleep, which would lead a stranger to suppose he was in any

* Call you this last nothing, husbands and fathers? Can you not remember how the anticipation of an event which should fill most of your hearts with gladness has been alloyed by the dreadful certainty of the agonising sufferings which your partners must endure ere you can rejoice? Will you not call the means by which these sufferings may be endured unconsciously—and consequently no longer to be considered sufferings—means perfectly safe and beneficial—will you not call these means a blessing which we should receive with thankfulness, a bounteous gift of that All-merciful Providence which permits His sinful creatures to feel the pains and punishment entailed on them by their waywardness, and still in His love closes not the door of mercy and compassion on their sufferings? Will ye not accept this mercy as the gift of God?

other state than in a natural sleep, provided he is placed in a comfortable position, and the limbs comfortably arranged; but some patients in this state remain so motionless, and breathe so quietly, that an idea of death may be presented to the mind of the observer.

On examining, the eyelids are closed; the eye is either convulsed upwards in its orbit, or directed straight in front; sometimes, but more rarely, the eye is in frequent motion. I have observed, in the greater number of my subjects, that in the profoundly-deep unconscious sleep the eye is not drawn upwards, but remains fixed, directed to the front, the pupil rather dilated, and resembling the eye of a person just deceased. The optic nerve has no longer the power of conveying impressions to the brain; or, otherwise, the brain is no longer capable of receiving an impression. You may suddenly expose the eye of the sleeper to a strong light, but there is no contraction of the retina; you may approach your finger, or a pointed instrument, or even tickle the conjunctiva, or the orb of the eye itself with a feather, still there is no inconvenience to the patient made evident by any sign; he is evidently not conscious of that which you may be doing. An experienced mesmeriser hardly requires other evidence of the insensibility of a patient than an observation of the eye. The limbs of persons in this state are no longer subject to the sleeper's volition; the muscles are generally quite flaccid; raise the hand and arm and let fall suddenly, and it falls in obedience to the laws of gravity, just as the limb of a newly-deceased person might do; you may throw about the arms and legs, just as you would the arms and legs of a doll stuffed with bran.

Sometimes the patient is catalepsed; that is, whatsoever position you may place his limbs, head, or trunk in, will be retained until you choose to alter the position, provided you bend him into a position allowable by his anatomical structure—you must not expect

to bend a bone. He appears in this state as if made of plastic clay or wax; he is unconscious of any effort to retain the position given to his limbs; indeed, they seem to remain in the position given without any effort being made, either consciously or unconsciously—as if the physical laws which govern the being in his natural state have ceased to actuate him.* The given positions may be retained for hours without inconvenience, or any ill effects being subsequently felt; but sometimes it is otherwise.

In other cases of deep mesmeric sleep the patient's limbs may evince rigidity. Extend the arm, hold it extended a few seconds, and it remains extended as a catalepsed arm would. Try again to bend it, you cannot; it is stiff and rigid, as if made of wood or metal. The limb may remain extended and rigid, without inconveniencing the subject for a long time. You may suspend a moderate weight, as of ten or fifteen pounds, to the wrist, it is sustained without distress. In the deep mesmeric sleep we generally have either flaccidity, catalepsy, or rigidity developed; and we should avail ourselves of one of these conditions as a test, taken in conjunction with certain other characteristics, before we venture to pronounce the patient in the deep sleep, deep enough to undergo a serious operation unconsciously. We may sometimes find a person in deep sleep and quite insensible to pain, who is neither flaccid, catalepsed, nor rigid. Take up his arm, and suddenly leave it, and it does not fall, he replaces it himself;

* Persons are often catalepsed without being put to sleep; they can then explain their sensations. To them the catalepsed limb seems to have lost weight and feeling, and as if it no longer belonged or appertained to them. They see the operator flexing their arms, perhaps, but feel it not. The patient says, "I don't feel as if I had got any arms." A sensation, as of lightness or loss of weight, is commonly enough developed in mesmerised persons. They say they feel so light that they do not seem to be standing, or sitting, or walking,—they feel more like flying or floating.

put it into some trying and uncomfortable position, he does not let it remain, he changes the position. He may still be in a state fit for operating on; he is annoyed and mechanically seeks to escape the annoyance, but has no consciousness of that which annoys him and will have no remembrance of it when awakened. He is profoundly asleep, but the sleep is not so profound as when either of the phenomena just alluded to can be developed; and when insensibility for an operation is desired, we should endeavour to bring out one of these phenomena if possible. I have rarely seen a limb that was flaccid, rigid, or catalepsed, sensible of pain, even when the state has been induced on the limb of a waking person.

When the sleep induced is not so deep, it may precisely resemble a sound natural sleep; you may have great difficulty to arouse the sleeper by shaking or pinching; he may even utter brief expressions indicating his sense of being disturbed, as "be quiet," "oh! don't," and such like, and relapse into sleep as soon as you leave him, and when really awake have no remembrance of having been annoyed. But young mesmerisers must not suppose a patient in this state fit to undergo a painless operation; were he subjected to very severe pain he would probably be aroused to consciousness. If a sleep of this character cannot be deepened, it may be taken advantage of in brief operations, such as a tooth extraction, or a simple cutting, or puncturing, as a means of weakening the feeling of pain, although it does not annihilate all sensation. Every invasion of true sleep is a suspending of consciousness, and consequently of sensibility. In whatsoever degree we suspend consciousness, in the same degree do we lessen the severity of pain. This state will not generally serve for long operations; but when the mesmeriser cannot get any deeper state, he may accept of that which he has, and try to extract some use from it, if circumstances render it desirable.

In the deepest state of sleep all consciousness, and sensation, and volition are abolished; there is no seeing, no smelling, no tasting, no hearing, no power of moving, no memory, no perception, no reflection—consequently, no thinking. There is no longer any active intellectual life; the active life of the purely animal organism is, however, not at all impeded or deranged; its functions are all duly in operation, as perfectly and generally more perfectly, than when the intellectual organs are in action; consequently the being lives, but his state may be figuratively considered as a *living death*. This description of deep mesmeric sleep is a true picture of the state and its attendant phenomena. In the numerous degrees or gradations which occur between this state and the lightest form of mesmeric sleep (mere dozing, mesmerically induced) all kinds of variations and modifications of these phenomena may be observed, and this is in strict accordance with the variations of analogous phenomena which occur when there is no mesmerism in the case. What are all these suspensions of faculties, but so many instances of temporary paralysis? Paralysis occurring spontaneously, or from causes which we cannot control or ascertain, is a disease. Paralysis induced artificially or designedly, by means which we can control and ascertain, is a mesmeric state. The natural paralysis sometimes attacks the auditory nerves, we then have total or partial deafness. Sometimes the optic nerves are invaded, we then have total or partial loss of vision. Again, it may deprive of smell, or of taste, of feeling, or of motive power; the paralysis may be partial, or it may be total, and it is precisely the same with the artificial or mesmeric paralysis. In the deepest sleep we have the analogue of total paralysis. In the various modifications of the mesmeric paralysis we see a resemblance to the various forms and modifications of natural paralytic disease.

The artificially-induced paralysis generally (but not

universally) follows in a certain sequence. The first effects of our influence, whilst the sleep is invading, is paralysis of the levator muscles of the eyelids; they droop, then close, and the patient is unable to raise them; then paralysis of motion follows—the patient's limbs feel benumbed, he can no longer move them, and the sleep deepening he has no desire to attempt it. Next in succession we have paralysis of sensation; if you tickle or pinch him he feels it but slightly, then not at all. As the process advances, the influence extends to the organs of speech; he can no longer reply to your question if you address him though he may be conscious of it. Go on, and he loses his senses of taste, smell, hearing, and total loss of consciousness supervenes. You have now got your subject into the deepest sleep that can be obtained—I cannot conceive of any sleep more profound, unless it be the sleep of death. I am satisfied from repeated experiments carefully made that hearing remains whilst any consciousness exists; that is, consciousness of external actions. We can say nothing as to his internal consciousness; he may still know who he is, and the conditions in which he is placed, or he may not—this we cannot determine. As he has lost all power of expressing consciousness, and as he has no memory of his mesmeric state when awakened, he cannot know—nor can we—if much, if little, or if any consciousness has been left to him. All volition and sensation except hearing may be suspended in the patient, and consciousness accessible through the ears remain. We have not often any opportunity of testing this, because the accession of the complete state in general takes place rapidly—often suddenly; but I have had cases in which the gradations of the phenomena have been distinctly and beautifully marked in the order in which I have given them.

To explain how we may be satisfied as to this point—or, rather, how I became satisfied: we must first

understand, as already stated, that the mesmeriser's power does not influence directly the involuntary nervous action of his subject, and that expression of the human countenance is in a great measure involuntary. The blush of shame which mantles the cheek of the modest virgin when an impure idea is uttered in her hearing—the expressions of anger, of indignation, of pity, of happiness, of joy and mirth, which are plainly pictured in the face, are all involuntary expressions—facial portrayments of mental emotions. These portrayments, instinctive or involuntary expressions, may remain and bear evidence of consciousness when no voluntary or sensorial signs of perception are left. As an instance, I once had a female patient, an innocent and modest young woman, whom I kept asleep for a whole month, with very brief waking intervals allowed. She was nearly blind from an amaurotic and structural disease of the eyes which had resisted the ordinary amount of mesmerism but yielded to this extraordinary doze. She was originally difficult to mesmerise; it took me a full hour the first time to establish any decided mesmeric state. Repetition of the process increased (as it generally does) her sensibility, until I could do as I liked with her. I could induce any state, from sleep-waking and an imperfect clairvoyance to the deepest unconscious sleep, and this either suddenly or by regular gradations. I could make her rigid, or catalepsed, or leave her muscular structure flaccid, just as I pleased. I could cause a glass of water, specially mesmerised, to operate as a brisk aperient; could put her into deep sleep by mesmerising the seat of a chair on which she might afterwards sit without her previously knowing that it had been mesmerised. A mesmerised handkerchief placed on her head had the same effect. I could cause her the deep sleep, by my will alone, at short distances as a few hundred yards or less, without her having any possible knowledge of my intention. No mes-

meriser could have desired a more suitable subject for experiments. She had been housemaid in the family of a friend who claimed my interest in her behalf. I took lodgings for her in a house near to me, and engaged the good woman of the house to attend and do what was needful for her safety and comfort. I never visited her unless in the presence of this matron, (a safe rule to obviate the wicked scandal that idle persons especially delight in), and it was to her (the matron) that my experimental remarks were addressed. If I mesmerised Emma powerfully, and with energetic will, she was in the deepest sleep in two or three seconds; when I acted quietly, by gentle passes, no more will exercised than sufficed to raise and depress my hand, from ten to fifteen minutes were consumed before the deep sleep overpowered her. By this slow process the ultimate state came on, step by step, in regular sequence; if I desisted at any part of the process, the induced state remained or persisted without further advancement. Here was a beautiful opportunity for observation; and I considered, under the circumstances, that I had a right to avail myself of it. Gradually have I brought on, by the slow process, the different degrees of mesmeric state, and noted and marked their character and succession. When volition and sensation were so far paralysed that Emma was unconscious of tickling her feet, or of a feather or a bristle titillating the membrane of the nostrils,—when she tasted not cayenne pepper on her tongue,—perceived not the vapour of strong ammonia or Scotch snuff applied to her nose, she still evinced consciousness if it were addressed through her sense of hearing. I have, after Emma had been subjected to these tests without any signs of perception being apparent, designedly addressed to Mrs. P., the matron in attendance, remarks calculated to wound poor Emma's feelings, such as "that I thought her deceitful and ungrateful; doubted if she were modest and virtuous; believed

she could see, and shammed blindness," and such like. On uttering these observations the expression of grief and vexation on her countenance was most strikingly marked, and plainly showed that she both heard and understood me. Again, changing the subject, I would observe "that I did not mean the previous observations; that I was only in fun when I spoke; that I really thought her a good little girl—a modest girl; that she certainly was very pretty and just now looked particularly interesting," and so forth in this strain. Presently the look of grief would give place to one indicating pleasure, and even when much gratified a smile would be present on her face. I would then desire Mrs. P., her attendant, to undress her and put her to bed, not to mind my presence; or say something to the matron which, under ordinary circumstances, I would not have repeated in the presence of any young unmarried woman. Here again the red suffusion of Emma's neck and face, her deep blushing, plainly indicated that I was heard; and if I spoke of her being undressed, a frown told she disapproved of any such procedure. Having thus tested her power of hearing and consciousness as still remaining, I deepened her state by two or three strong passes before her. Now on testing, there was no indication of auditory perception left; and beyond this state I could not advance. These experiments were repeated almost daily for the month, and always with the like results. I have also obtained the same effects in other cases; but this one may suffice as an example.

When we have succeeded in apparently getting our patient into mesmeric sleep, we should not be in too great a hurry to awaken him; nor should we at first attempt to speak to him; we should calmly allow the state to which he may be predisposed to develope itself, undisturbed by any needless interference on the part of the mesmeriser. I have often seen patients who were fast verging into unconscious sleep aroused

by some trifling noise or interference, and great difficulty has been experienced afterwards to re-induce a similar state.

If the patient sleeps soundly and there be no urgent necessity for awakening him, leave the sleep to expend itself; this it will, in the majority of cases, do in an hour or two—and you can ascertain the character and intensity of the sleep the next time that you mesmerise him. If, however, it be necessary to arouse him before the sleep passes off, you can take the opportunity to ascertain the state which you have induced, as he must be disturbed under the contingent circumstances at any rate. Every practised mesmeriser has his own mode of ascertaining the state induced, and if the means he employs are not mischievous or troublesome to the patient, the particular method is matter of little importance. As I write not for experienced operators but for the inexperienced, I may subjoin, as a guide, my own mode of proceeding. My patient has been placed in a comfortable posture, which he has quietly retained for the period during which he has appeared to be asleep. His hands are in an easy position, beside or before him. I raise one hand and suddenly let it fall if it will. If it fall like a lump of inert matter the probability is that my subject has entered into mesmeric sleep—if it remain as it were suspended where I left it, it is either catalepsed or rigid, and the same probability holds. I now attempt to raise an eyelid; if the lid is strongly closed and resists my slight effort to elevate it, I desist; if I succeed in observing the eye, and it is either staring unconsciously, or it is convulsively turned upwards, the white portion of the orb only visible—in either case I have an additional proof that my patient sleeps. On these trials, should the patient replace his hand in its previous or some new position, or shut his eye as it were voluntarily, and give evidence of being disturbed by my testing experiments, he is not in deep sleep, and as I am about to

arouse him it is useless to pursue any other testing process. I apprize him that he sleeps, by telling him so, and that I am about to awaken him. He probably knows that he is not asleep, though in a sleepy or drowsy condition, and can awaken himself without my assistance. I, nevertheless, proceed to demesmerise him as if he really required it, and presently declare him awake again and enquire if he feels sufficiently so. I have a purpose in doing this: he has been made somnolent and might remain so for some time if I did not dissipate the mesmeric effect; I also create an impression in his mind that a demesmerising process is necessary to restore him from the induced state—and the impression thus created may assist at a future operation, unconsciously to him, in aid of my intention when he may really need demesmerising—the act of awakening and the demesmerising process becoming mentally associated.

Should he, however, really appear to be soundly asleep, I seldom test him rigorously on the first occasion, I reserve this for a second or third opportunity, when the state to which he is predisposed shall have been properly established. We must remember that although in some cases patients pass at once into a perfect mesmeric state, in the majority of instances their ultimate state is only determined after several mesmeric operations—and until it is established our interference may hinder its development. I dwell upon this point because, as is well known to experienced mesmerisers, young operators sometimes do mischief by their impatient curiosity; they should practise self-restraint and never be in any hurry. I speak from personal experience, having myself, when I knew not better, done that which I now caution my readers against. When, on a future occasion, the patient passes quickly and easily into his sleep, we may proceed to ascertain his state—but cautiously and gently, not rudely and roughly. We can only know

how many of his senses are in abeyance by appealing to these senses. If he remain quiet and does not disturb himself when we disturb him—if tickling his ears and nose with a feather, his hands and the soles of his feet, does not incommode him, we may safely infer that he does not feel it and can try a smart pinch or two. If he appears insensible to this we can apply our tests more decidedly, but we must never forget that although he does not feel the pain now he may feel it when awakened, if we have been trying him too sharply; we should not therefore take advantage of his helpless state and inflict an injury which he would resent or refuse to permit were he awake, or which we would not choose to have inflicted on our own persons if in the same condition. When the sleep is induced to cure disease it is not necessary that we should do so; but if it be induced that the subject may be fit to undergo a surgical operation unconsciously, we are then justified in employing a sufficiently severe test to warrant us in submitting him to the knife and asserting that he is capable of undergoing the operation without feeling pain.

Every adherent to the truths of mesmerism who has undertaken to become a practical expositor of its phenomena should bear in mind that he owes a sacred duty, not only to his subject, but to the cause; and therefore sedulously guard himself from falling into errors either of omission or commission which might be used to weaken or impair the belief in its utility or efficiency. Whilst the truths of mesmerism have to overcome so great an amount, not only of dishonest medical hostility, but of honest—though ignorant—medical incredulity, it is especially incumbent on the mesmeriser to exercise a cautious discretion.

I trust that I have said enough relating to the mesmeric sleep and of its conditions when deep or perfect, to render it understood when presented to the previously-uninstructed operator. The deviations from

the phenomena of this state which sometimes occur will be considered in our subsequent pages.

THE MESMERIC WAKING STATE.

As already intimated, I use the term state to express that the individual has been put into a condition differing in some respect from the accustomed condition which is normal or natural to him and a prefix to imply the general characteristics of the abnormal condition—that when the subject of the mesmeric operation sleeps we call it "The Mesmeric Sleep;" when he passes into a condition to be presently described, "The Mesmeric Sleep-waking State;" and that he may pass into a state in which he retains his full measure of consciousness and memory, in which he may not have the slightest drowsiness or tendency to sleep, and yet be quite conscious that some change has been impressed upon him by the mesmeric operation—a change of such kind as to make him feel and the looker-on to understand that he is no longer in his natural or habitual condition. This state, for want of any other or more appropriate designation, we will understand as "The Mesmeric Waking State."

A partial paralysis is the most usual condition of this mesmeric state, but it may occasionally become total, as far as it relates to the power of motion and sense of feeling. Your subject is quite unable to move; he sees you pinch or tickle him, and knows that you are doing so, but cannot feel it or prevent your doing it to him. In one of my own cases a paralysis of this kind was as complete and total as such an affection could be, but did not extend higher

than the neck, excepting to the tongue. The patient never closed her eyelids nor lost her consciousness for a moment; she could see, and smell, and hear, and feel, if her head, or her nose, or her eyes, or ears were touched; but she could not speak or utter the slightest vocal sound, either articulate or inarticulate, or move, or feel lower than her neck. This state was induced in five minutes or less; it could not be dispersed in a shorter period of time than half an hour by any method which I knew of and employed. On one occasion I had not sufficiently demesmerised her tongue when she left my house. She came again two days afterwards and still had, even then, a difficulty in speaking; she spoke with hesitation and a lisp, and said her tongue felt as if something was tied to it which kept it from moving. On every future visit she took care to observe that her tongue was at liberty before she left me.

In other cases, the eyelids are closed so forcibly that the subject cannot elevate them, nor can the mesmeriser even, unless he demesmerises them. In some instances the patient passes into a very happy comfortable state; eyes closed, surrounded with bright light, —that is, it appears to him that he is so; still retaining his consciousness and memory, and capable of conversing and describing his own sensations. Indeed, numerous variations in the phenomena may be observed amongst any large number of instances, just as it occurs in other mesmeric states.

This state is frequently observed when patients are not sufficiently aroused from the other mesmeric states; they have their eyes open and see with them; they can move and feel; they have memory and power of reflection and reasoning and may therefore be deemed awake, and are yet decidedly in an abnormal condition. I know an instance of a young lady having been mesmerised and subjected to phreno-mesmeric operations, who was duly awakened afterwards but the mesmeric effect or excitement not thoroughly removed, her

Imitation had been stimulated, and the stimulus remaining, although she was quite rational and awake, she could not restrain herself from mocking every person who spoke in her hearing. As to this one faculty she had become a decided monomaniac. She was in a condition most ludicrous to non-reflecting observers—most distressing to herself. When asked "Why, what is the matter with you, miss?" instead of replying to she repeated the question. She was quite conscious of doing so and aware that it was improper, but *could not prevent herself doing it.* Had this young lady's Combativeness and Destructiveness been large and equally excited as her Imitation, she would have been, during the excitement, a dangerous monomaniac. Had it have been her Veneration, a religious one. This state remained for three days, until an experienced mesmeric operator saw her—who at once, understanding her state, proceeded to re-mesmerise her, then awaken her, and thus perfectly dissipated the artificial excitement of the organ. I am not able to state how long this induced state might have persisted, if it had not been dispelled by the only proper means. Like all other mesmeric effects the state would no doubt have passed off spontaneously, if the subject were protected from cerebral excitement of every kind. I can suppose, however, that in any similar case, if the excitement were of Destructiveness, or some organ which would lead the patient into mischief and danger, the results might have been serious; especially if any medical practitioner, ignorant of phrenology and mesmerism, had been called in to treat the case and subjected the patient to medical maltreatment for such affection. All external violence as corporeal restraint, or applications as cupping or blistering, would not only be inoperative to reduce mesmeric excitement, but exceedingly likely to increase and perpetuate the state.

Some persons are so susceptible of mesmeric influences that it is possible to excite their cerebral organs with-

out inducing sleep, or sleep-waking, or any degree of unconsciousness. We have them then in the mesmeric waking state, and have temporarily induced a species of monomania. Nor is the power of inducing this state without its useful application. A cerebral organ may naturally be too sensitive, or it may be not sufficiently active, and if the derangement of cerebral function be excessive, the subject will be afflicted with mental disease of a character and intensity determined by the organs affected and the intensity of the affection. Some persons are timorous and bashful, or melancholy to a degree which may be seriously afflicting; others so quarrelsome and irritable that they are exceedingly annoying acquaintances; and others may be frequently seen, who, though not insane, are decidedly eccentric on some subject or mode of thinking and acting. If these disturbed states, as to their cerebral character, are sufficiently deepened, we have decided hypochondriasis, or monomania, or melancholia, or even insanity. All these states may result from positive physical disease —as structural lesions, inflammation, congestion of the brain; but on inducing the states artificially by mesmeric excitement, we prove to a certainty that these self-same states can exist independently of such diseases; that other forces can operate to produce the effects; that there are forces capable of disordering mental faculties without causing any appreciable disease of the ponderable material of the brain. Every decent medical practitioner knows that disease of brain function can exist without disease of brain structure or brain substance; but does every decent medical practitioner know the forces which can cause a disease of brain function? It would be well for humanity directed to the persons of afflicted patients were it so. The customary professional phrase of "nervous depression," or "nervous excitement," very possibly expresses the fact as to the existing effect, but it leaves us quite ignorant of the primary acting cause or force,

and certainly conveys no specific information as to the method of remedying the evil. Here your physician, who has been too great a drone in the medical hive to investigate phrenology and mesmerism is in darkness; the best he can do *(he often does the worst because he must do something)* is to put the patient in such circumstances as will not increase the excitement or depression, and leave nature to cure if she can. It is otherwise with the physician who does understand the application of phreno-mesmerism; though he has not ascertained all the powers which can derange mental faculties he has passed the threshold of investigation and entered upon the path which leads to that knowledge; he has learned how mind is disturbed in its healthy action by a disturbance of some portion of brain on the integrity of which depends the integrity of some mental function; he is able to localise the portions of brain which are the seats or centres of disturbed action; he is able to reduce the knowledge thus acquired to practical application and thereby restore the normal integrity of the disturbed organ. He knows not only what should be done but how it may be done. He can designedly and artificially produce the very analogue or counterpart of the states referred to and he can restore the organs which he has disturbed to their previous state; and when these states are presented as diseases the same power operates. The organ whose action is languid or torpid may be, by mesmeric excitation, stimulated to healthy activity; the activity of the unduly-irritated organ can be by the mesmeric process soothed into its healthy normal state of action. When mental affections are caused by physical disease of the material structure or ponderable matter of the brain, the means, of whatsoever character, which best remove the cause, must best remove the effect; but when mental affections arise from some imponderable agency and there is no structural disease, then the greatest prospect of success will be by the

imponderable remedy; the means used to remove a supposed cause or state of brain which does not exist must needs prove failures. This may all be received very ill or very well, just as the prejudices or impartiality of the reader disposes him to view it; but nevertheless, all that which I have stated is supported by facts—facts ascertained by the rigid observation of those who are capable of judging and discriminating betwixt facts and mere assumptions. The practitioner who is ignorant of mesmerism and phrenology may be compared to one who pulls against mental disease with the force of a horse (mayhap the ass), whilst the really qualified physician—the phreno-mesmerist—pulls with the force of a locomotive engine. This is a homely comparison but not an untrue one.

No class of experiments should be more interesting to the physician than the impression of various mesmeric phenomena on subjects in their waking state, as the subjects can then describe their sensations and there is no reason to suspect them the effects of imagination or dreamy hallucinations. Not only can the cerebral organs be aroused into excessive activity, but the mesmeriser's power can, in many subjects, designedly induce a temporary paralysis of some one or all of the senses, or of voluntary power. The patient's arms or legs may be made as rigid as if hewn from marble, or his jaws locked; or he may be fixed in his seat without any power of rising from it. He can be forcibly drawn from a distance to the operator by his traction, or repelled by his repulsive gestures. These and various similar experiments are amusing enough when merely seen from motives of idle curiosity, and ignorant persons may witness them, deem it "all very funny," see nothing otherwise interesting, and be excused in consequence of their ignorance; but what can be said of the physician?—for the man who has received a medical education—who, on examining these wonderful phenomena, does not at once perceive

that such a power must necessarily have an important relation to the cure of disease? Will he not think that the power which can lock a jaw and then unlock it —deprive of hearing and then restore the faculty— paralyse a limb and then remove the paralysis—may be taken advantage of in curing similar affections when they occur as diseases? Every educated man who will examine for himself, and ascertain the reality of the effects produced, must conclude that the power has a useful application; and his inference can be supported and shown to be correct by overwhelming facts—the simple facts of numerous cures wrought by the application of the power.

In this state, when patients are under the mesmeric influence, it occasionally, but not frequently, happens that even the higher, or most singular cerebral phenomena—as intro-vision, medical instinct, clairvoyance, pre-vision—may be educed. We cannot assume that the patient is merely a sleep-waker with eyes open instead of being closed, because the distinguishing characteristics by which mesmerisers recognise sleep-waking are not present; I believe we must consider the state as that of a mesmerised waking person in whom certain sleep-waking faculties are developed. Here again, we may perceive the truth of Dr. Elliotson's remark, "that no state occurs under the influence of mesmerism which does not occur spontaneously without any mesmerising," by comparing such states with the analogous ones recorded of Zchokke and others, who possessed these faculties of clairvoyance and vision of the past and future naturally. I have ascertained by careful observation that a development of similar powers has occurred in insanity without any mesmeric excitation; and the same fact is notorious as being presented sometimes shortly before the decease of sick persons.

The involuntary closing of the eyes is quite a common phenomenon of the mesmerised waking state;

and a partial or slight paralysis, as a feeling of numbness in the arms or legs, is not unusual. The more strongly-marked and extraordinary phenomena seldom come forth but by the desire and design of the mesmeriser, as already stated. Though the study of patients in this state is exceedingly interesting, and may be most useful to both physiologist and pathologist, I cannot believe that it is as useful to the patient himself as the sleep or sleep-waking; it may be made very mischievous, therefore the young mesmeriser should not seek to produce it designedly.

THE SLEEP-WAKING STATE.

Like all other mesmeric phenomena, this state—or an analogous one, more or less perfectly developed—occurs naturally. It has been generally called somnambulism or sleep-walking; and is very frequently induced on patients who are subjected to mesmeric influence. Under this influence the characteristics of the state are opened to the investigation of the curious without much trouble or difficulty. The more perfect forms of the state, when they occur spontaneously, have not been generally observed, because not of common or frequent occurrence. Occasional and partial somnambulism, or more properly sleep-waking—such as merely walking and talking in sleep—is not rare, many persons are predisposed to it; but the extraordinary state of lucid sleep-waking, which is commonly enough produced by mesmerisers artificially, is of very uncommon occurrence naturally. There are many physicians—old men in large practice—who never saw a case of it in their lives, and never may have an oppor-

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tunity; nor do they know anything about the artificial state induced by the mesmeriser, with its occasional astounding wonders, and probably never will; they are afraid to see it, lest they might feel compelled to believe against their wishes. If one of these men had a natural case presented him to be treated as a disease he knows not what should be done for his patient; and acting in profound ignorance of the subject would be more likely to do harm than good. Should he recognise the state generally as a case of somnambulism he can know nothing of its peculiarities; and it has happened within the last few years that men of high standing in their profession have been too ignorant even to diagnosce the state when called to it, and have treated a poor helpless patient as a "shamming impostor," when their duty was to have understood and tried to cure.

This state, when induced mesmerically, presents abundance of varieties, as relates to individual cases, too numerous to admit of distinct and separate classification. I am therefore, as I cannot do better, compelled to confine myself to a description of the general characteristics of the state.

It has been named in this country "SLEEP-WAKING," because somnambulism, or walking in the sleep, is not a universal feature of the state; and if used to designate a case in which it did not exist would be an evident misnomer. A more appropriate name than sleep-waking might probably have been devised, but with this I have no claim to interfere; the state was ascertained and designated before I even knew that there was such a mesmeric state. The state is one of apparent sleeping and waking at the same instant of time, the term sleep-waking does therefore really express the state. The term is now understood, and almost universally adopted by mesmerisers in this country. Why should we attempt an alteration? or rather why should I presume to do it? I fear the attempt would savour rather more strongly of egotism than a regard to utility.

The principal feature of this state, which mesmerisers consider as distinguishing it from a waking state, are the closed eyes, and loss of memory or oblivion on the part of the subject of all that he has heard or seen, or said or done whilst in the state, as soon as ever he has been aroused from it or restored to his natural state.

This feature is general but not universal; it does sometimes happen that the patient has more or less memory of the circumstances which have occurred during his sleep-waking. The mesmeriser can also make him remember a portion if he desires it to be remembered. When spontaneous memory is evinced the state is probably not perfect; some normal waking faculty is mixed with the sleep-waking.

The eyelids are closed as if in natural sleep; the eyes generally are drawn upwards in their orbits; the white only visible if the lids are raised. The lids are frequently closed so firmly that they cannot be elevated. Though the eyes are drawn upwards and the lids closed the subject has sight, or visual perception similar to sight. When the state is perfect the patient sees quite as clearly and distinctly as if his eyes were open, and in some cases much more clearly and with a marvellously-extended and exalted power of vision. When the state is not so perfect he still sees, but his power of vision is imperfect; he sees objects as if in a mist; they seem to him cloudy and indistinct; or he may talk and reason and not be able to see. Some sleep-wakers see only in the light; some see best in a partially-darkened chamber; some see equally well in light or darkness; and some can see only in the dark. As to actual perception, they see in each instance precisely as if they used their eyes naturally, though to see with their eyes in the natural way is impossible. Many know not otherwise than that they are seeing with their eyes; but those who understand their own state and mode of perceiving, generally say that they do not see through the medium of the eye—that they

see as well as if they used their eyes—that objects are as distinctly perceived—but that their perception is in the brain.

To affirm that a person can see without eyes would be to assert an absurdity, only that it is an incontrovertible, positive, and perfectly-proved and established FACT. A fact is a fact—truth is truth. There is not, nor can there be, any absurdity in asserting a truth; men may deny it—they may ridicule it—they may attempt to prove it impossible—they may meet it with the sneer of self-sufficient ignorance—they may refuse to examine it—they may hope to put down its advocates with the cry of "humbugs!" "impostors!" "credulous fools!" "madmen!" what of it? there stands the truth!—the living fact! The truth cannot be extinguished; as well might they try to extinguish the Eternal, as to extinguish His attribute Truth. Vision, in the sleep-waking state without eyes, or a power subserving every purpose of natural vision, is a mighty fact. Mesmerisers can well afford to assert it; to stand upon it; to smile, "more in sorrow than in anger," at those who hurl present obloquy upon them; knowing that the "fool" must ultimately fall upon the heads of these detractors.

How this visual power is obtained—by what medium exercised—I know not from any investigation I ever made; and I have had plenty of opportunities of investigating, and have not neglected to use them. Whatsoever hypothesis I may have formed it is not for me to submit it here. I write to instruct as to facts which are positively ascertainable rather than to put forth hypotheses which may be more easily disputed than proved.

The sleep-waking state is a state of sleep, inasmuch as the subject has his eyes closed and powerless for vision, and is oblivious as to memory of the state when recalled from it. It is a state of vigilance, inasmuch as he sees without using the eyes; and has reason,

reflection, and mental perception, with other waking powers; he is thus, as it were, both asleep and awake at the same instant of time. Sundry of the phenomena which occur in the "Mesmeric Sleep" are also common in this state. Certain of the phenomena which are induced in the "Mesmeric Waking State" are also induced in this state. It seems therefore a state compounded of other states,—a double state,—in which the ingredient phenomena of the other states are mixed in a numerous variety and gradation of proportions, and possessing its own distinct essentials. Assuming this description of the state to be correct, we may see how it is that a great variation of features—exceptions to general rules—may be presented to us in individual cases of sleep-waking. The perfect form of this state is one of vigilance, with the exception of the loss of memory and closed eyes as already described. Patients in this degree of sleep-waking can eat and drink, and talk and reason, and read and work, just as well as if they were naturally awake, and in some cases much better. The temporary transition from their natural state is a gain instead of being a loss of mental faculty. They have certain powers—increased or exalted perceptions—which are known as clairvoyance, medical instinct, intro-vision; and when the faculties are highly exalted, post-vision, with pre-vision or prophecy, which may be exercised and are available either for the benefit of themselves or for others; and various other singularly-interesting phenomena may also be educed in this state.

Some sleep-waking subjects see as well in this state as if they had the natural use of their eyes, but no better; they see all objects which are within the sphere of ordinary vision; this is SIMPLE VISION in the SLEEP-WAKING STATE.

Other sleep-wakers see not only the objects which can be seen by those waking subjects who are in the same apartment with them but their sphere of vision

is wonderfully extended; they see through opaque substances, as walls; they see objects and their positions; they see persons and their actions at extraordinary distances; objects often which are excluded from solar light, as in closed boxes and darkened chambers. This is the faculty of CLAIRVOYANCE.

MEDICAL INSTINCT

Is usually found associated with clairvoyance and intro-vision; but it does exist (though rarely) when the patient has not these faculties. The faculty is precisely that designated by the name. The patient may be quite ignorant of anatomy, physiology, and pathology, as taught by study and experience, and yet be able to declare correctly the disease with which he or others may be afflicted, and to indicate the proper and most suitable means of obtaining relief or a cure. His remedies are sometimes those which a physician can understand and would sanction; sometimes unthought-of agents, which are unknown to medical experience, and perchance opposed to its practice; notwithstanding which these instinctively-prescribed remedies often prove particularly suitable and effectual in the case.

INTRO-VISION

Is clairvoyance directed to an examination of the interior organic structure of the clairvoyant, or of others whom he is able to bring within the range of his clairvoyant perception.

This is the most useful application of the power, especially when associated with medical instinct.

Clairvoyants may be able very well to see distant persons and describe their appearance, dress, and occupation, and yet not be capable of seeing into them or describing their anatomical formation. Again, they may have the power of describing correctly enough the appearance and local site of every organ hidden within the frame, and yet be quite unable to say if each organ is in a state of health or otherwise, not having the faculty of medical instinct. The clairvoyants who have not the instinctive faculty have not the knowledge which would enable them to recognise disease when they see it. We may still avail ourselves of their intro-vision; I have often done so, by making them describe any difference in the appearance of a given organ when compared with another presumed to be healthy. I set up myself as the healthy standard; tell the clairvoyant to look at me, then at the subject under examination, and describe the apparent difference. This is a useful practice with clairvoyants who have even medical instinct, if they have also intro-vision, as a corroboration of the declarations which they make, and a check upon possible error.

I had a little patient, a girl of 15 or 16 years, E. S.— She had a spinal disease, for which she had been an out-patient at a dispensary, and of which she was soon cured by mesmerism. I directed this case to be mesmerised by a lady assistant; and on the first occasion of being mesmerised she passed into sleep-waking, had both intro-vision and medical instinct as related to her own case, but intro-vision and no medical instinct as related to other persons, unless they had spinal affections, which she always understood. On passing into the room where she was being mesmerised—I found her eyes closed—her mesmeriser said she was asleep. I enquired if she were asleep from herself, she replied in the affirmative. "Are you in the light

or the dark, Eliza S.?" "It is not dark, I can see you well enough." "What am I doing now?"—holding up my hand and making other motions. These she described correctly, and added, "Oh! I can see you plainly enough, sir, outside and inside too." "Can you?—how do I look?" You look like a pig or a sheep at the butcher's something, only your heart keeps moving and your lights swelling." I made her point to the situation of organs with her finger,—done correctly. She was puzzled at the situation of my stomach, as she had always thought "the bag the food went into was down there," pointing to the umbilical region. I next directed her attention to her back, the state of which she described, as far as I could judge, correctly enough; and intimated that it could be cured by mesmerism and how it should be mesmerised. I frequently afterwards, until she was cured and mesmerism discontinued, used to direct her to look at patients, and never knew her fail to describe an organ as not "looking right," when the patient had an affection which could have been perceived by any one having a power of seeing the organ. I one day presented a gentleman to her—a perfect stranger to me—and as to whose health I was in total ignorance. "E. S. look at my brain. Now look at that gentleman's. Do you see any difference?" "No, sir, one looks very much like the other." "Look at my heart and then compare it with his heart." "They both seem nearly alike; his is rather paler at the bottom part, but it opens and shuts much faster than yours does." I addressed my visitor, "Pray, sir, have you an affection of the heart?" He made no other reply than to take my hand and place it over the cardiac region where I felt his heart palpitating rapidly. He suffered from nervous palpitation of the heart. Examined in the same way for another gentleman, she said "His lungs don't look like yours; I cannot tell if they are diseased, in one part it does not seem

right." "Point to the place and tell me what it looks like." She indicated the place with her finger, and said "It is redder than yours here,—it looks red like liver." I enquired if the gentleman—who was a stranger to me (and previously a sceptic on such subjects)—had anything the matter with his lungs. He replied, "I fear the girl may be right; my medical attendants are apprehensive that I have disease there." I think he added that he had suffered from inflammation of the lungs. I could multiply cases of intro-vision to the extent of a goodly-sized volume were I only to give those which have occurred in my own personal experience; the two just narrated are merely adduced as examples of the way in which we may extract some use from intro-vision when it is not accompanied by medical instinct. Medical men would wish nothing better than the faculty of intro-vision to assist them in doubtful cases—could they only feel universally assured of its existence. Their self-esteem and prejudices would not be offended by seeing an ignorant person dictate the medical treatment which they believe to be peculiarly their right and within their sole province. It is by those who have medical knowledge that this faculty can be available for use. The non-medical questor, when informed as to the diseased appearance of an organ, is not any the wiser as to the character of its particular disease; his only course will be to narrate clearly that which he has learned to the physician or surgeon, who may from other circumstances form an opinion of the probability of the statement, and pursue a course of treatment in in accordance with such opinion.

POST-VISION; AND PRE-VISION, OR PROPHECY.

By post-vision I mean that the sleep-waker has a knowledge of circumstances which have already taken place at some period antecedent to the time when he is seeing them or narrating them, and of which he has no natural knowledge or memory. These circumstances he sometimes sees as visions or pictures; sometimes he has only a perception, which he cannot account for, of their having occurred. If he only has a strong perception of the events, we may readily apprehend that some lively imaginations can have the details presented as an acting picture or vision. We can all easily call up a picture of events which are strongly impressed on the memory. Sometimes he knows the events to be accomplished and past; sometimes he knows no other than that they are actually now taking place. Many instances of post-vision may be legitimately considered as a re-awakening of memory: the sleep-waker once knew them, has forgotten them in his natural state, and memory stimulated or refreshed in sleep-waking reproduces them to his consciousness. But there are other cases where this attempted solution cannot be applied; where the events detailed cannot by any possibility have been seen, or heard of, or made known to the sleep-waker by any process natural to waking persons. In such cases we are constrained to admit the existence of this faculty.

Pre-vision, or Prophecy, is explained distinctly enough by its name as to the character of the faculty. Sleep-wakers' pre-visions have reference to all kinds of events; some serious, some trivial and useless. I have had ample and indubitable evidence, in my per-

sonal experience, of the real existence of this faculty; but the same experience has taught me that there is no mesmeric faculty equally liable to error.

Pre-vision may be natural, from the operation of reason; or it may be extraordinary, and derived from the exercise of some occult power. We need no mesmerising to exercise the faculty naturally. If we see a man standing at the mouth of a cannon we can predict death or injury to him if he remain there when the gun is discharged; we can predict that a man deprived of food will be starved for want of it; that a house on fire will be consumed unless the fire be extinguished; we infer the effects of certain causes by the exercise of reason, and may easily predict them. Physicians thus predict the termination of a disease, and all men every variety of events from rational inference. The other (or extraordinary) prophecy, is when nothing is known from which a particular event can be deduced as certain to happen, and yet the event is foretold, and does happen as foretold. All history, from the most ancient down to the history of the present day, contains abundant evidence of the reality of this faculty as occurring spontaneously. There are few mesmerisers who have not had positive confirmation that the power does really exist, as it is frequently exercised by some few of their sleep-wakers. Some see the future depicted as a vision or picture; some know by perception without any vision; some see the predicted event written or printed; some say that they are told by the spirits of deceased persons. The works of writers on mesmerism furnish numerous striking instances of prophecies of mesmeric sleep-wakers being confirmed by the succeeding events. It is not my purpose to quote from the evidence of others, but rather to give that which I have personal knowledge of, and can therefore vouch for. I will only subjoin a few of the cases which have happened in my own experience.

I formerly held, for nearly ten years, an appointment involving onerous responsibility (connected with the care and management of insanity); this I eventually determined to relinquish and accordingly sent in my resignation. As it was tolerably well remunerated three gentlemen, personal friends of my own, became candidates to succeed me. At this time I frequently mesmerised a lady for a nervous affection, who had become one of the most beautiful subjects it was ever my good fortune to treat. One of the candidates was an especial friend of the lady's and is now married to her. After the gentlemen had each made his application and forwarded testimonials I was somewhat anxious to know who would be chosen, and requested this lady, when in sleep-waking, to try and ascertain. After an interval of profound silence she said, "Your successor now stands in the entrance hall at K—— House, just beyond the arch on the left hand, his back turned towards the fire; I do not see his face clearly, because I see him through a mist like a gauze curtain, which seems drawn across under the arch between us." I enquired, "Is it Mr. ——?" (the lady's own friend). She replied in the negative, and added "I do not think it is either Mr. ——, or Mr. —— (the other competitors), but I cannot be sure as I do not know them. This is a very young man, tall and thin; he is dressed in black; he is very thin." She again stated that he did not look as if I knew him, and thought he was not either of the parties applying to be selected as my successor. Her description—tall, thin, and young—did not apply to either of the gentlemen, nor did I think it at all likely that any very young man would be chosen, as such would not be suitable, and I therefore set her statement down as hallucination. I did not question her truth as to seeing that which she described imaginatively, but considered it a merely imaginary and erroneous mental impression. In this opinion I was confirmed when, a few weeks afterwards,

one of the three applicants (a stout gentleman) received the appointment. It happened, however, that this gentleman after accepting, was prevented by circumstances from entering upon it; and about two months afterwards a tall, very thin, and very young man, was really installed in the office; and thus the *prophetic vision* was verified.

About the end of March, 1846, I was at Mr. Joseph Hands's house witnessing some mesmeric phenomena, and seated beside his clairvoyante, Ellen Dawson, who was in her mesmeric state. Some observation about the weather having been made, I asked Ellen if she could tell what kind of weather we should have? She replied that she "liked me, and would try." After seeming to reflect for some time, she said "it will be very cold and rainy all through April until a day or two before the end, when it will be fine; it will be very hot indeed the first week in May, very hot; then it will be very cold with frosty nights; and then it will set in suddenly very hot indeed, hotter than it has been for fifteen years I think. Oh! it will be so hot; I can feel the heat now. I cannot tell to a day when it will set in hot, but it will not be before the 19th of May; it will not be long afterwards either; it will be about that time; it is going to be a very hot summer. Oh! it will be so very hot." I made a memorandum of this, and watched the weather: April was cold and wet all the month, excepting a few days at the end. The first eight or nine days in May were hot, above the average temperature of the month. On the 12th and 13th ice was formed as thick as a penny piece in exposed situations; and on the 25th or 26th of May the temperature changed suddenly from being cold to extraordinary heat; and we had, as will be remembered, a remarkably and unusually hot summer. Thus did Ellen's weather prophecy prove a true one.*

* I named this prediction to some twenty or thirty persons I imagine, who are witnesses also to its verification. Amongst

On another occasion I accompanied a lady, a personal friend who wished for an interview with Ellen, to Mr. Hands's. Ellen displayed some very beautiful and remarkable clairvoyance, and towards the conclusion of our interview the lady enquired from Ellen if her husband, who was an invalid, would recover. Ellen replied that he would not. The lady asked if she might hope that he would be spared some years to her, or if he would be removed soon? Ellen replied, "Oh! that is just as God pleases; life and death are in His hands; he may live long, or he may die soon; it is just as God pleases." Ellen directly afterwards accompanied me to Mr. Hands's surgery to select some medicine for the gentleman, and whilst going down stairs she stated to me, "That lady's husband will die in about six months from this time; I cannot exactly say the day, but it will be about six months; he will have some very bad fits and will never get over it; but you must not tell the lady, it would make her unhappy." I named this prediction to several friends (of course not to the lady or her family), and we watched for its fulfilment. The gentleman had four or five successive fits, and died in a fit, within six months and a fortnight from the night when Ellen delivered this prediction.

These were instances of a feeling or mental perception of the future. All perceptions are mental; therefore I had better express it as a perception without a pictorial representation.

In 1846, I mesmerised a middle-aged lady for a paralytic affection, whose mesmeric state was one of deep sleep mixed with occasional sleep-waking. She was, during the time of treatment, very anxious and uncomfortable at the long silence of her husband who

them were several farmers; some of whom on the approach of harvest of same season, begged to know when I thought I should see that wonderful young lady in London, as they wished I would be so kind as to ascertain the weather for the next month.

was in America. One evening, during sleep, she suddenly ejaculated, "Thank God! thank God! poor fellow, he is better. I quietly whispered in her ear, "Are you quite sure that he is better?"—supposing it might refer to her husband, but not willing to risk her losing her vision by any disturbing enquiry, or one which would recall her faculties to her present state and place. She answered, "Can't you see that he looks better? I am looking over his shoulder reading a letter which he is now writing to me; I shall get it in six or seven weeks. He says in it that he has been ill three months, and was not able to write to me before, but that now he is much better." My patient, after saying this, relapsed into deep sleep. When awakened, I told her she had been dreaming about her husband, and the substance of her dream. In about two months she received the expected letter from him; in it he accounted for his long silence by informing her that he had *been dangerously ill*, and *unable to write for three months.*

This instance was a prophecy in one sense, as it related to an event of which she could have no knowledge in her natural state; but it probably was obtained by an exercise of clairvoyance, as she said she saw her husband writing the letter and looked over his shoulder and read it; her prediction of receiving it was an inference which would rationally follow. It may appear a contradiction that she should suppose herself present with her husband in America, looking over his shoulder and reading what he was writing, and that she should also know she would not receive the letter until six or seven weeks elapsed. I merely state the circumstances and do not attempt to explain their seeming incongruity. Such instances are common enough. With many clairvoyant subjects space and time appear no longer predicable; they still know where they will be when restored to their natural material state; but can be during sleep-waking anywhere immediately as they

wish. They seem to be in a state of spiritual perception where the laws of gross material existence cease to restrain them; in that state which we can suppose possible to an immortal spirit when its association with a material body is dissevered; when—but stop—I am approaching a subject of overwhelming sublimity—a subject compelling an admission of the truths of Divine revelation—a subject which can explain the immediate and ultimate action of mesmeric influence—a subject which can continue us in the light where physiology and material philosophy has left us in darkness; but a subject also which would necessarily lead me into matters of religious controversy, and therefore tabooed in a work designed to instruct only in mesmeric facts. That which has just fallen from my pen I will not draw that pen through; but I may not here pursue the subject any further.

I have had in my own experience many cases where sleep-wakers indicated a medicine or remedy for themselves, and stated that they saw the article in the air before them; as, for instance, a visionary bottle with a label on it naming the contents. A little patient I had (who once possessed beautiful pre-vision for her own case) saw what was to be done, and what the result would be, in a great book. She declared that she might not tell me, or any person, where that book was. The case is detailed in No. 27 of the *Zoist*, for October 1, 1849.

I have also had experience of sleep-wakers declaring that what they tell and predict is told to them by the spirit of a deceased person with whom they hold communication. I lately had residing in my family, as a servant, a little girl, a clairvoyante, who declares that a deceased clairvoyante named Anne (who, before her death was a servant to my little girl's former mistress), is always standing beside her, and tells her and shows her the things she desires to know. When she could not make out the information I desired, I would enquire

"Why don't you see, Eliza?" "Where is your friend Anne?" "She is standing just there, near to you, sir." "Is she? ask her to be so kind as to show you or to tell you about this" (as the case may be), "if it is not wrong for me to know it." She then became silent for a few minutes; said she had consulted Anne, and gave the desired information; or declared that Anne refused to tell her; or that Anne was vexed with her for doing something wrong and would not speak.

Dr. Elliotson had a somewhat similar experience with one of the Okeys; her predictions, I believe, were always verified with the event. Other mesmerisers have similar experience. I know, and have seen, and can at any time see analogous instances in the subjects of others. The doctor considered these declarations as the product of mental hallucination or imagination. His patient eventually predicted without the spirit and considered that her former impression as to the spirit was merely a delusion—probably it was so. I am only stating as a fact that some sleep-wakers believe they see and converse with spirits: I do not state it as a fact that they really do so. When I see the spirits with my material eyes, and can at pleasure show them to the material eyes of others, I shall be fairly entitled to assert their appearance as a natural fact; until then the declarations made of their presence by sleep-wakers can only be received as their declarations. Our belief respecting it is a matter of faith, which a man has an undoubted right to entertain for himself, but no right to thrust as a fact upon any other man.

The possession of a power by some sleep-wakers of foreseeing and predicting the future, may be accepted as a well-ascertained and established truth. We can receive the truth without being able to account for it, just as we are in the habit of receiving the truth of various natural phenomena without being enabled to explain them.

ECSTASY.

Some few sleep-wakers pass into a variety of the state of a very remarkable character. It has been known for centuries to occur as it were spontaneously in isolated instances; and at times and in certain communities large numbers of persons—especially children and females—have been subject to the phenomena and conditions of this state, which has been called ecstasy. Mesmerisers occasionally have cases of ecstasy presented amongst their patients, but it is not in general of frequent occurrence, although it appears that some operators produce it more frequently than others. It is a sleep-waking state of a highly-exalted character, in which the faculties of clairvoyance, knowledge of the past, and prophecy are sometimes especially well developed—sometimes totally absent; but the subjects of this state believe that they are not any longer in the body, or are not seeing as persons but as spirits. Many declare that they see and hold converse with spirits; and in this state the subjects are generally quite indifferent as to their bodily health or circumstances; they have or fancy they have a foretaste of the happiness which they may enjoy in a spiritual life; they declare they see most lovely visions of beautiful spirits, of gardens, flowers, places and scenery, which fill them with indescribable delight, and only regret that they cannot remain ever amongst them; for though they describe them as visions, they steadily insist upon their reality and that they are walking amidst these scenes. The usual feature of ecstasy is abstraction from all external or worldly matters; there is perfect unconsciousness to feeling and other sensational im-

pressions, excepting the voice of the mesmeriser; the subject is wholly absorbed in religious contemplation, and the only matters which he willingly discourses about relate to the life after death and the happiness which awaits those who have lived a good life. The countenance of the ecstatic also sometimes undergoes a remarkable change—a change so extraordinary that no mere description would convey an adequate idea of it. I had formerly two patients in whom this peculiarity was especially prominent. I knew that they were the same parties whom I had mesmerised, and they had the same hair and clothes on; but I cannot say that they had the same faces apparently. I was aware of course that they had not changed faces with any body or spirit either, but they had assumed a new character and expression of face which gave it the appearance of a new face. One patient was a highly-educated, accomplished, and seriously-disposed lady; tall, well formed, and handsome. The other was a respectably-connected, innocent, simple-minded little girl, of some eighteen or nineteen years, with good features, but pale and sickly looking. The one, when the ecstasy invaded, rose from her recumbent position on the sofa in the most graceful and elegant manner imaginable, and assumed a kneeling attitude on the sofa, the hands placed with the palms together, as if in prayer, and face turned upwards. Unconnected sentences and ejaculations in a whisper occasionally escaped her; such as, "Oh! beautiful place! Oh! beautiful angels! How I long to be there with you! Oh! if I could but get there, what delight!" If I separated her hands and put them down she gently and quietly placed them together in their previous position, but her body remained rigid. I could not easily, or by any force I used, bend it out of the kneeling position. When awake or in common sleep-waking, she had no memory whatsoever of this portion of her state.

The little girl always remained in the recumbent

position, but placed her palms together and elevated the hands. Her countenance was more beautiful in this state than the lady's, and being naturally less handsome, the change was more astounding. I may seem to be writing in an extravagant strain,—it is not so; for the change of countenance was so extraordinary that I could hardly—matter-of-fact man as I am—look on without feeling a sensation of awe. She never spoke or moved when in this condition, but complained of being recalled from it when demesmerised. She had some memory when awake of having been in a most beautiful place, so beautiful she could not describe it, and that she greatly regretted having to leave it as she was so happy there.

I have had cases when the patient has retained a distinct remembrance of this ecstatic dream when perfectly restored to the normal waking state, although the patient would not allow that it was a dream, but would insist that it was a reality; nor am I, individually, disposed to treat it as a mere hallucination; others have an undoubted right to consider it such if they please.

Some amount of care on the part of the mesmeriser is necessary in managing ecstatics; if allowed to remain too long in the state, they may get so deep as to be no longer subject to his control; he may then be not able to awaken them, and although the patient will eventually awaken spontaneously, it is a circumstance which causes much anxiety and inconvenience. I think, as a general rule, that a duration of twenty or thirty minutes is long enough for patients to be in this state at one time.

MISCELLANEOUS PHENOMENA.

The other phenomena which are presented by persons under mesmeric influence are Traction, Catalepsy, Rigidity, Apparent Adhesion, Transposition of the Senses, Phreno-mesmerism, Nervous and Cerebral Sympathy or Transfer of Sensation and Thought, and Dominance of the Volition of the operator over the will of the subject. Some one or other of these phenomena may be produced upon subjects in either mesmeric state. In the deep sleep patients are often so wholly unconscious that they can neither feel nor respond to the mesmeriser's action; but traction may be sometimes educed, and rigidity and catalepsy are common in the deep sleep. Many persons are or may be made so sensible of mesmeric impressions that they become most beautiful expositors of these phenomena whilst in the natural waking state. The sleep-waking state is that in which they are most frequently presented and easily brought out, especially that degree of it when the subject has rather a tendency to sleep than to waking; when he is sleeping and passive until he feels the influence, and merely arouses into sleep-waking to give expression to the influence communicated by the mesmeriser.

TRACTION

Is when a part or the whole person of the subject may be drawn towards the operator by tractive motions,—just as a needle is drawn by and to a magnet. It

succeeds with very sensitive patients when the operator is at a distance,—and sometimes at a considerable distance, as several miles; and this when the subject has not any present consciousness that the operator is about to act upon him. By making repulsive motions the subject may be repelled instead of attracted.

CATALEPSY

Is when a part or the whole of the subject is in that pliant and plastic state that it can be easily flexed and placed into any position not anatomically impossible; and retains that state until the mesmeriser or some other person changes it.

RIGIDITY

Is when a part of the body or the whole becomes stiff and unyielding, as if the individual was carved from wood or had been frozen hard; when it cannot by any ordinary amount of force be flexed or changed from the position placed in unless it be demesmerised.

APPARENT ADHESION

Is when the hands or feet appear to adhere to some object, or the person seems as if stuck to the chair. It certainly is not an actual adhesion; because, although the hand seems to adhere to the object, the object does not adhere to the hand. Neither is it a pressure of the hand of the subject upon or against the object by an unconscious mental effort, because in such case certain muscles of the arm must minister to the mental

effort. Now although the hand seems pressed down with great force, the muscles of the arm will be found on examination, soft and inactive. I have performed this class of experiments hundreds of times; sometimes sticking a hand or foot, sometimes the whole body, head, trunk, arms, and legs to an appropriate surface; and the effect is as if an invisible weight was placed upon the subject, and pressed the part or the whole of him down; or as if the force of gravity was increased on his person. I have examined these particular phenomena in a quiet enquiring spirit—no person present but the patient and myself—and I am as ignorant now of the cause as I was before I had seen the effect. We must observe not to mistake a temporary paralysis of an organ for apparent adhesion (a mistake a young mesmeriser might make), as the phenomena are different in the effects; though in either case the subject is unable to remove the hand. For instance, in simple paralysis the bystander can raise the limb; in apparent adhesion he cannot by ordinary force. If the mesmeriser has affixed it with a force as of fifty pounds, some similar amount of force must be used to lift it. I can best describe the effect by stating it to be *apparently* as if an invisible weight had been placed upon the limb.

TRANSPOSITION OF THE SENSES.

I have seen but little of this; but know what it is from the experience of others. It is when the subject no longer hears, sees, tastes, or smells through the media of the ordinary organs, but has sensational perception through some other part of his person. Subjects usually have this perception confined to a part of the person—as the epigastric region; they hear when addressed there; taste food placed there; see pictures placed there. Others see and taste with their

elbows or fingers, or the whole surface. It has occurred both in spontaneous and mesmeric sleep-waking or analogous states. It cannot be ridiculous, because it is a wonderful fact. It is my duty to my readers to name its occurrence, but I am not in a condition to give any particular information respecting it from my personal experience.

PHRENO-MESMERISM

Presents a truly beautiful, physiological, and useful class of phenomena. The great and grand discovery of the illustrious Gall—a discovery which must immortalise his name to posterity, when the names of the greatest who have ventured to sneer at his discovery shall have passed into oblivion—the discovery that the functions of mind are separately located in certain convolutions or portions of the whole mass of brain, is experimentally proved to be true by phreno-mesmerism. That which Gall ascertained by observation, comparison, and deduction, the mesmerist easily proves by experiment. When a subject is brought into the properly susceptible state, on pointing or touching over any or some particular portion of the skull, the portion of brain underneath is aroused into action, and the subject gives forth a manifestation of its proper mental character or cerebral function. To be brief: suppose we thus excite Philo-progenitiveness—the love of children; the subject immediately thinks, speaks, or dreams of children; and under the excitement may nurse and fondle a sofa pillow, supposing it a child. Excite Veneration, he prays; Covetousness, he steals; Benevolence, he gives away; Tune, he sings; Combativeness, he quarrels; Self-esteem, he is proud and haughty; and so on through the whole range of mental faculties. With some patients we may excite the larger portion of the mental faculties; with others only a few will respond

to the artificial excitement. This depends upon the cerebral organisation of the subject,—upon his susceptibility, and upon the state previously induced. The organs of some persons are naturally so sensitive from disease or nervous temperament, that they may be phreno-mesmerically excited without subjecting them (the persons) to the customary preliminary mesmerisation; we need not put them into sleep or sleep-waking. The cerebral organs of such persons can be and often are abnormally excited or depressed, from various causes, independently of mesmerism,—and then we have melancholy men, and restless men, and eccentric men, even to monomaniacs. From the character of the mental tendency we can ascertain the portion of brain excited, and thus learn, when we know a remedy, where to apply it with a chance of success. The physician who understands phrenology knows that the healthy and well-regulated mind is only to be found in the well-balanced head, or that the action of the large and energetic organ is counterpoised or counteracted by the activity of the mentally opposite or opposed organ,—as large Covetousness restrained by active Conscientiousness; Combativeness or Destructiveness by Benevolence; too active a Benevolence by Caution, and so on. The physician who does not believe phrenology, when called to a case of mental disease, may rightly consider it a case in which cerebral excitement is indicated, and proceed by head-shaving, and ice, and lotions, and depletion, and blistering, or cathartics and antimonials, to reduce the excitement. If he succeeds in reducing the energy of nervous or cerebral power, he has done so generally. He has weakened not only the organs unduly irritated but the antagonist organs, which should control the disordered ones, and the head remains still out of balance. If his remedies be good at all in the case he should learn to apply them locally; to reduce the activity of one part of the brain, and stimulate the action of another. Say the

phrenologist-physician has not learned how to effect this,—what then? He is approaching it—he has made the beginning. If a man would tread every stone in a street, he must walk into the street; the man who refuses to perambulate the street will never tread on its stones. The phreno-mesmerist may not always succeed, but he is in the path to success.

Let those who are related to or interested in the insane only witness a judicious course of phreno-mesmeric experiments, then judge of the application for a useful purpose by their common sense, without regard to the *dicta* of doctors who are ignorant of phrenology; and that simple instinctive common sense will lead them to imagine a much more scientific and rational treatment than has hitherto been taught by the "*preachments*" of a large portion of the doctors charged with the cure of insanity.

NERVOUS AND CEREBRAL SYMPATHY, OR TRANSFER OF SENSE AND THOUGHT,

Is when the mesmerised subject may have lost all sensational consciousness in his own person, but be perfectly conscious of that which appeals to the sensational consciousness of his mesmeriser; or he may remain awake and this community of perception exist.

The subject appears deeply asleep; you may pinch him or tickle him, he feels it not; you may address him, he hears it not; he tastes not; he has lost the sense of smelling; he has no sensational existence, unless it exists in the senses of his mesmeriser. It seems as if the individuality of the subject had merged into that of the operator; or as if the influence of the operator had paralysed the sensory system of the subject, and brought his brain into such close sympathy or association with his own, that there are two individuals with one brain—the operator's brain, being

the waking and dominant organ, acts for both. Pinch the subject, he does not feel it; pinch the operator the subject feels as if he were pinched, and complains of being hurt in that part of his person which corresponds with the part of the operator hurt. Tickle the nostrils or ears of the subject, he feels it not; but tickle the nose or ear of the operator, and the subject rubs his own nose or ear and complains of being tickled there. Put rhubarb into the mouth of the subject, he does not taste it; put rhubarb into the mesmeriser's mouth, and the subject tastes and names it, imagining that he has it in his own mouth. When the operator drinks, the subject swallows and fancies he is drinking. I have never tried the experiment for obvious reasons, but have no doubt that if I drank enough ardent spirits to intoxicate me whilst in this peculiar relation with a patient, that my patient would be also intoxicated. I cannot say, not having tried, if the effect would remain when the subject was awakened; but I think, from circumstances stated by other mesmerisers, that it probably would. Experiments made to show this kind of phenomena will sometimes succeed through the whole class of sensations,—as tasting, feeling, smelling, hearing, and seeing; but are more often confined to the three first enumerated senses.

With subjects in this state of association with the mesmeriser it occasionally happens that there is even a community of thought; thus the subject perceives the thoughts of the operator, and may respond to them vocally. I have maintained a regularly-connected conversation with a patient without opening my lips. I formed my ideas into sentences as distinctly, though mentally, as if I had given them vocal utterance, or written them down, and my patient replied vocally and as correctly as if I had spoken them and been heard. Sometimes the subject thinks with the operator but does not respond, having lost his sense of individuality. In other cases he retains a knowledge of his

personal identity, perceives the operator's thoughts, and responds vocally to them, or obeys them, if the ideas have received the form of wishes or commands, or refuses to comply.

This singular sympathy between operator and subject may be confined to their brains respectively, and not extend to the system of nerves; it may be established between their respective nervous systems and not affect the subject's sensorium, excepting through the medium of the nerves; or it may be general and universal, implicating the whole cerebral and nervous system. It would be, perhaps, more correct were I to express myself thus: that the sympathy may affect the thinking part of the brain and not the sensory; or the sensory and not the thinking; or it may affect both thinking and sensory brain.

This class of phenomena may he educed from subjects either in mesmeric sleep, in sleep-waking, or (though rarely) from subjects in the waking state, who are then in a mesmeric waking state. The sympathy of nervous state is usually observed when the subject's state is that of mesmeric sleep; the community of thought when he is in or approaching to sleep-waking.

Although the phenomena treated of in this chapter are generally developed between mesmeriser and patient, they may be presented when others are put into communication with the patient. A bystander takes the hand of the patient, or looks earnestly at and fixes his attention upon him; the sympathy may then be established, and the phenomena occur as if this new person was the original mesmeriser; or the patient may be in nervous community with several persons at the same time.

When some few patients are in sleep-waking, and have this thought-feeling faculty well developed, they can put themselves into communication with whomsoever they wish, and thus perceive the thoughts

of all in the room,—aye! even of persons at any distance, if they direct their attention to them. This power is not of common occurrence, but I am perfectly certain that it does exist, and know many mesmerisers of unimpeachable veracity who can confirm my statement.

Be it also remembered, that there are many beings sufficiently susceptible of our influence to be impressed by it, when we are not consciously and designedly seeking to exercise a special influence upon them.

Without any purposed mesmerisation, certain organisations may naturally be in such relation or sympathy with others, that the earnest desire of one can overpower another; the thoughts and feelings of one may unconsciously be made the thoughts and feelings of the other, and if these thoughts be evil may mislead to the commission of evil. Furthermore, as this sympathy has its physical as well as mental influence, a diseased person may, when in the sympathetic relation, exercise a detrimental influence upon those in association with him, and thus bring them into a like diseased state.

The circumstances tending to establish this communion seems to be a peculiar sympathy betwixt the parties, and the mental and physical activity of one and a passive inactive state of the other. If we would escape unworthy moral influence we must be active, keep our mental powers awake and in exercise. If we would escape physical influence of a detrimental kind, we must be active and keep our nervous system in energetic occupation. This is why the medical attendants, nurses, and friends *actively* engaged in ministering to the sick do escape from disease, whilst patients and passive friends associated with them are frequently recipients of the diseased influence. The fact that the active associates escape diseases considered contagious far more frequently than those who are in passive association with the diseased is well known to all

medical men. When we examine cases of sympathy established artificially, or rather designedly, by mesmeric process, some light is evolved which confirms the view I have taken of this subject, and which should deeply interest the physiologist and pathologist.

Instances, *undoubtedly true*, have been given when patients not only exhibited the thought-feeling power, but replied to questions addressed to them in languages which they did not understand when awake, and never had understood;—that is, the patients not only understood the language in which they were addressed, but spoke that language when replying. "Strange, if true!" the reader may exclaim. True it certainly is, and unquestionably strange. I have never seen this fact, and am therefore unable to vouch personally for it. It was observed two centuries ago amongst ecstatics, and cases have occurred within the last few years amongst mesmerised subjects. The evidence of its truth is too conclusive to allow an impartial and unprejudiced examiner to deny it. I must content myself with briefly stating this circumstance,—I should be sorry to attempt any explanation.

DOMINANCE OF WILL

Is when a person by the unspoken or silent force of a powerful volition compels another to obey him. A person may be mesmerised by the silent will alone without any manipulation, and put into sleep or sleep-waking, or have mesmeric phenomena induced on him in the waking state. Some mesmerisers make frequent use of the will power; they will that their patients shall do certain actions,—as that they sleep naturally in bed so many hours, and awake at a specified hour; that they avoid certain habits; they wish, or will away pains; they paralyse limbs by will alone; paralyse the senses; excite the cerebral organs by will; and

exercise the power over various matters which may be inferred without further special details. Some persons can exercise an extraordinary influence by will alone; others may be good mesmerisers by manipulating, but have very little will power. The mesmeric influence may be by will alone, or by will and manipulating communicated to inert matter, and invest it with imaginary properties; or it can be made to exercise a motive power upon inert matter.

When imaginary properties are communicated to inert matter we cause a kind of phantasy in the subject of the experiment. With some sleep-wakers we may cause water to taste as if it were malt liquor, or wine, or tea, milk, coffee, physic, or give it the taste and seeming properties of any liquid which we will it to resemble. We may place an imaginary barrier across the doorway, or across a room or passage, and prevent the subject passing, he knowing no other than that our imaginary barrier is a real one. We may put an imaginary stool under his foot, which he will keep elevated, insisting that he has placed it upon a stool. We may desire him to bring us a chair; he obeys; we then load it with an imaginary weight, and desire him to put it back again. He tries, and fails to move it, declaring that it is too heavy for him to lift. We may place an imaginary animal on his knees, and vary the experiments in many ways which it is unnecessary to explain. They are merely instances of the power which the will of one person may exert over the imagination of another, and that this power can be communicated to inanimate matter, which is therefore devoid of imagination, and yet capable of receiving a special influence from a special will and impressing this influence upon the imagination of another. These experiments may be successfully tried in such manner as to avoid the probability that the effect is brought about by the direct action of will upon imagination. The subject may be awake, and at a distance from the

mesmeriser, when the object which it is designed shall produce the phantasy is mesmerised, or acted upon by the will influence; and yet on the subject coming in and taking his part in the experiment it is found to succeed, although the subject is quite unconscious that any such experiment is attempted or intended. With some subjects it is not necessary to put them into sleep-waking, the experiment succeeds whilst they are in their normal state of vigilance.*

THE MESMERIC PROMISE

Is related to this class of phenomena. This is when we obtain a promise from the sleep-waker that he will abstain from a certain act, or do a certain act at a certain time after he is awakened. When awakened he has no memory of his promise, and yet is impelled by a desire he cannot understand the reason for to do the promised act at the promised time, or to abstain from that which he otherwise desires. In this case the subject's own will, though he is unconscious of its active agency, seems to be the active agent. I know a young lady who used to suffer greatly from tooth-ache, and made a mesmeric promise that she would never again have the tooth-ache. Though she still retains the carious teeth she has never broken her promise, but if exposed to circumstances which would otherwise have caused a tooth-ache she has ear-ache instead.

I could say much more that is curious on these very curious subjects; subjects which are probably on the whole more curious than useful. The physician and

* These experiments are often shown as examples of mesmerism under a new name, viz., *electro-biology*.

physiologist cannot investigate them too carefully; but the young mesmeriser, who merely wishes to relieve disease and suffering, had better leave them alone. They are not devoid of useful application, but have a tendency to foster the wonder-working spirit and lead the enthusiasm of beginners to misapply or abuse that power which they had far better use for the benefit of their fellow-beings. These phenomena cannot be safely applied but by the experienced mesmeriser, who, actuated by conscientiousness and benevolence, will never seek to exercise his power excepting for the good of others.

MESMERIC ATTRACTION

Is simply a strong attraction existing in the mesmerised subject towards his mesmeriser. When it does occur it is usually observed in the sleep-waking state; but occasionally may be developed in persons who pass into sleep, and even in waking persons who are influenced by mesmerism or in the state I have called the mesmeric waking state.

This attraction may be entirely physical or entirely mental—or, as is more common, both mental and physical.

When entirely physical, the subject seems irresistibly drawn or impelled towards the operator, and cannot rest unless they (the subject and operator) are in contact or very nearly approximated. The mesmeriser may converse with or give his attention to others without distressing his subject, who is satisfied whilst he remains in physical contiguity with the mesmeriser.

When entirely mental, the subject does not feel attracted bodily to the mesmeriser, but seems desirous of close mental association. If the mesmeriser only talks to another,—or reads a book,—or even allows his thoughts or attention to stray from the subject, the

latter immediately feels it, becomes cold and shivers, and complains of the absence of the mesmeriser. I have had patients in sleep-waking, who knew not otherwise than that I had gone away and left them if my thoughts strayed; they either had no longer any perception of place and person or were indifferent respecting them; they were united to me by a mental sympathy or chain which they could not endure to be broken, and which was broken if I thought of any other or withdrew my attention from them.

When the attraction is mixed we see both developments of it exhibited; the subject likes to be near the mesmeriser, and that the mesmeriser should talk to or think of him, and not of any other. We see a merely strong and natural manifestation of love; and often exhibited much in the same way as by a person in the normal state who is under the influence of the passion.

It has been said that this mesmeric attachment is entirely different from common love; that there is none of that peculiar feeling which frequently characterises the love of persons of different sexes existing in it; that it is a far higher—a pure and holy love—or resembling the love of an infant for its parent. To this I venture to observe that it may be frequently thus described; that it may be always thus with some subjects; but that we must not believe this description to be invariably applicable. All must depend, and does depend, upon the mesmeric state in which the subject has been placed; and also upon the cerebral development of the subject. Patients who pass into perfectly lucid sleep-waking have as clear or more clear perception of propriety than when awake, and frequently also preserve their full measure of self-control. But there are sleep-waking states or degrees of the state, when the patients are in a sort of semi-delirium, and I know very well that if the patient be naturally possessed by certain erotic tendencies, the tendencies will manifest themselves when this state is induced.

When mesmeric attraction or attachment is presented by a patient in mesmeric sleep we may become aware of it by the patient awaking, or feeling very cold, or being distressed if the mesmeriser leaves him or withdraws attention from him.

If developed in any degree of the sleep-waking, the patient will make us aware of it (unless exercising strong self-control) by words or actions, or both.

When shown in the "mesmeric waking state" (which very seldom happens), we perceive it by the unusual display of friendship or affection which the subject manifests towards the mesmeriser whilst being mesmerised or whilst under the influence.

This mesmeric attachment is not generally a desirable mesmeric manifestation; I do not believe that subjects who exhibit it are any more likely to be cured in consequence; and I do know that it renders the treatment a matter not only very delicate and troublesome to the operator, but often very distressing to the patient. The patient cannot bear the mesmeriser's absence either personally or mentally; and if he does leave or withdraw his attention, the patient is rather injured than benefited by the operation. The patient may be conscious of a desire to approach the mesmeriser and evince attachment to him, and may know that it would be imprudent, or a breach of conventional propriety, to indulge in the desire. The patient may refrain from exhibiting or acting on his inclination, and yet be injured by this exercise of self-control.

In long mesmeric treatments the frequent and confidential intercourse, which necessarily exists between the operator and subject, naturally induces a certain degree of mutual regard. The mesmeriser feels an interest in the well-being of the patient; if the latter is benefited, he also feels a dependance on the mesmeriser, and is grateful for the exertions which the other makes for his comfort. A warm feeling of friendly regard may thus exist; but this is a very

different feeling to that of true mesmeric attraction or attachment. The natural friendship may exist and remain when the mesmerism is discontinued. The mesmeric feeling is dependent on the mesmeric influence and ceases with the influence. Generally it is ended as soon as the patient is fully awakened. Should the patient evince the mesmeric attachment in the mesmeric waking state we may have an exception to this rule, because the patient then has a memory left him of his feeling which is not dissipated although the influence may be dissipated.

When the operator and patient are both persons of the same sex, or their relative situations are such that there is nothing undesirable in mutual esteem, no other disagreeable consequences need result from the occurrence of this mesmeric tendency than the additional care and trouble imposed on the mesmeriser; but if the circumstances are otherwise the mesmeriser should try to dispel this effect of the influence, and even in some cases discontinue the treatment if he does not succeed. The effect may often be removed by breathing over the organs of Adhesiveness for ten minutes at a time, and then blowing over the part; or by exercising the will strongly to prevent; or, when we can, by making the patient promise not to feel attracted or attached, that is, by extracting from him a *mesmeric promise*, which is very seldom known to be broken.

Mesmeric attraction is I think usually caused by the operator becoming too deeply absorbed or interested in his patient; although the feeling may be purely friendship it is of a different kind to that of the physician, whose principal concern for his patient is the desire to cure him. Young operators who have only one or two patients often excite it; old operators who have many subjects, and have mesmerised hundreds, very rarely see this attachment evinced by their patients.

OF MESMERIC PROCESSES.

Having given a brief account of Mesmeric States and Phenomena, I will now proceed to explain the methods by which these states are produced, that is, how patients may be placed under the mesmeric influence. I have chosen this arrangement because it is proper that persons should understand the character of the states produced before they attempt to produce them. I shall not offer any hypothesis as to the nature of the mesmeric influence, I am stating facts and must avoid mixing speculations with them. The reader may safely assume that there is a particular influence of some kind exercised by the mesmeriser which is the efficient agent in mesmeric operations. It is quite possible for him to believe in the existence of such agent without understanding its specific nature, its original source, or its relations to other imponderable agents or forces. Philosophers readily believe in the existence of electrical and magnetic forces without understanding their origin and true relation to matter any better than mesmerisers do of the mesmeric influence or force to matter or mind.

The first question which generally suggests itself to a person unacquainted with mesmerism but believing in the reality of its influence is, "Could I mesmerise?" "Do all persons possess the power?" To this I reply that probably all human beings are capable of mesmerising, but the power varies in degree, and differs in character in different individuals; and also differs at different periods in the same individual; the most

accustomed mesmeric practitioners may not mesmerise at all times equally well. The power of mesmerising is to be considered as a natural faculty—just as the power of singing is; but all men do not sing equally well, neither is the same singer at all times equally capable of singing. The essential requisites to constitute a good mesmeriser are sound physical health and a peculiar cerebral organisation. Unless the operator possesses good health he cannot communicate it to others. He should also have so much strength as will enable him to mesmerise without impairing his own health by his endeavours to benefit others.

The power exercised in the act of mesmerising is generally of a mixed character—mental and physical. The mesmeriser who would excel as an operator should have large Firmness and Combativeness; these give him energy and determination to accomplish his purpose —without them he could not persevere in his efforts; full Concentrativeness,—this enables him to keep his efforts directed to the object desired; Self-esteem gives him confidence in his own power; and active Benevolence determines him to exercise his power for its legitimate use—the good of others. This last faculty is all essential to form a good mesmeriser. In order to comfort and cure those who are sick and suffering it is needful to have good health, patience, and perseverance, and an earnest desire to do them good, with a belief in the power or ability to serve them. As far as my own experience goes—which is confirmed by the experience of others—it is by no means a matter of indifference who operates. Some mesmerisers are very successful in bringing out marvellous physical and psychical phenomena and yet are no more fortunate in curing diseases than others who possess not, or never attempt to exercise, the wonder-working faculty. It is also believed by many mesmerisers of great experience, that a certain physical and mental organisation of the mesmeriser is necessary to cure certain diseases.

Some mesmerisers readily and generally induce deep sleep on their patients; others never induce the deep sleep, but make all who do sleep sleep-wakers and clairvoyants. I am perfectly convinced that instead of it being a matter of indifference who is selected as a mesmeriser, that it is a matter of PRIMARY and ESSENTIAL IMPORTANCE. The treatment of many cases, especially those of a nervous character, often perplexes old experienced operators; they sometimes, with all possible care and precaution, fail in inducing comforting and advantageous states in their patients; sometimes matters appearing to be indifferent or of no consequence do produce very serious and distressing effects. In such cases it is absurd to suppose that an ignorant operator—as a servant—who has been merely shown how to make mesmeric passes can be a proper mesmeriser, however healthy and well-intentioned he may be. It may be well that suffering persons try mesmerism from an inexperienced operator, rather than abandon their cases as hopeless, after trying every other means of cure; the treatment may succeed and if it fail may be nothing worse than an unsuccessful experiment. As far as the individual patient is concerned this may be the end of the trial—no harm has been done—no good has been done. As far as mesmerism generally is concerned, this is not the end: these patients afterwards say they tried mesmerism and it proved a total failure. Thus both friends and patients receive an erroneous impression, and other sufferers are prevented from giving it a trial; the true statement being that an inexperienced and inefficient mesmeric operator has failed, where a suitable and well-chosen one might have succeeded.

The reader, who after having perused and understood my description of mesmeric states, feels desirous of operating himself, should make his first essay on a subject who has been already mesmerised, as he will be encouraged by beginning on a person who is known

to be susceptible to the influence. If he has not the opportunity of doing so he must try upon persons willing to submit to his experiment, always avoiding such as may be subject to epilepsy or other fits, or convulsive diseases, or frequent and severe pains in the head. It is better to begin upon persons free from nervous diseases of any kind, as the first effect of mesmerism in such cases often brings on an attack of the particular disease, which alarms the patient; and if the mesmeric learner be not a medical practitioner, or accustomed to the symptoms of nervous disease, he may also become frightened at his own work, lose the presence of mind and calm deportment and feeling necessary to treat the case properly, and impressing the patient by his own mental state increase the disturbance and do him at least a present injury. These nervous subjects are generally highly susceptible of mesmeric influence, and therefore favourable patients as to presenting evidence of effects; but unfavourable for a learner to practise on, as presenting effects which he may not anticipate, nor be capable of managing when he has got them produced. Supposing this caution observed, and a proper subject selected, the learner may now try his influence upon him. Let him not forget that the power he is about to exercise is not a fit matter for child's-play experiment, or for fun and harmless mirth; it is really a very serious matter, and should be only used, even as an experiment, in a serious cautious spirit.

Exclude from the room all unnecessary witnesses,—all who would be likely, by merriment or misplaced remarks, to disturb your calm exercise of the influence. The room should have any strong light excluded, and be kept quiet and free from all intrusion.

Gain the confidence of your subject by assuring him he has nothing to fear; that you are only going to put him into a very quiet comfortable sleep; and talk to him pleasantly and cheerfully. By exerting a judicious

moral influence, you will very much favour the natural tendency he may have to succumb to your power. Place him in an easy chair, his head supported by a pillow if necessary, and seat yourself easily and comfortably in a chair opposite to him and as near as you conveniently can; his knees may be opposite or between your knees; or, if the patient be a female, just on the right side of your knees. Now take the patient's right hand in your left—the palm open and presented—and make a few strong passes, without contact and very slowly, from his wrist to his finger-ends. The patient will probably feel a little tiny cool or warm sensation like a wind blowing, or a creeping on his hand. Next try a few similar passes over his head, from the organ of Firmness downwards, over the face, and to the neck or chest.* Then take his right hand in your left and his left in your right, in such manner that the fleshy cushion of your thumbs and his are in contact, and the inside of your finger-tips in the palms of his hands. Grasp his hands in this position firmly and look at his face earnestly and intently, smiling, and feeling happy and good-humoured, and quite calm and comfortable. If your patient smiles and seems comfortable and quite at ease, tell him to look intently with both his eyes at one of yours—say the right eye—and you look fixedly and intently at his right eye with both of your eyes. You sit as directed, eyes intent upon eyes, and hands locked in hands; now commence mesmerising him in earnest. Throw, by volition, your nervous energy—or the power

* These passes are mere experiments; if the patient does not feel them it is of no consequence; if the patient does feel the cool or warm sensation it shows that there is some amount of susceptibility, and you can then direct him to attend to his sensations when you make passes. This is useful as an aid to the induction of sleep; you fix his attention to a monotonous process which fatigues rather than interests the mind, and thus diverts the disposition to mental activity and vigilance, which is a powerfully-counteracting agent to the induction of sleep.

which actuates your muscles when exercised—into your arms and hands, and respire strongly and firmly, and try to feel as if you can also throw this nervous energy into the patient's hands and arms; at the same time you sit motionless; eyes still fixed upon each other's; all your attention and thoughts concentrated upon your subject, and directed as it were through your eyes into his. Look straight into the pupil of his eye, as if your vision could penetrate to his brain; wink not; be firm and determined, though quiet; and maintain the process and position for fifteen or even thirty minutes if necessary. If you become fatigued, if your patient's eyes remain unaffected, desist and ask him how he feels. If he declares that he has not felt anything unusual, and the appearance of his eyes and general state confirm his declaration, you may discontinue this process. You must hardly expect to succeed by it this time; you must rather try to coax or soothe him to sleep by quiet passes. This process of holding hands and gazing is in general the most speedy way of inducing mesmeric states; but it will not succeed with some persons who are susceptible by another process. It in certain instances rather produces vigilance than sleep. An inexperienced operator must also be watchful for himself if he uses this process, lest he become the mesmerised person instead of the mesmeriser. Many instances have occurred when the would-be operator has been unconsciously mesmerised by the intended subject.

If, soon after commencing the process, your subject's eye dilates and seems fixed with an increased intensity he is probably beginning to be influenced; continue your position and present process a short time and he will perhaps close his eyes. The eyes will either remain closed, or he may open them and renew his stare. In the latter case wait a little, and he will close and open the eyes,—and again close and open the eyes,—and so continue until at length they close and do not open.

You then quietly, and without speaking, commence making gentle passes, with one or both hands, over the forehead and eyes down to the neck or chest. Always remember that this, "without speaking," is a positive rule in mesmerising,—use your hands, eyes, and will, but *do not talk;* using your tongue will not assist but impede your efforts when really commenced. Make these quiet passes without contact; but if, whilst making passes, the eyes re-open, you may softly touch the eyelids, close them, and keep them down with two fingers of one hand or a finger of each hand. You must repeat this process, or continue it until the eyes seem decidedly closed without any power or tendency to re-open. If instead of closing spontaneously they remain fixed and open—which is often the case—you may softly close them with your fingers, and continue as if they had closed without your assistance. You may next lengthen the passes, beginning at the crown of the head, without contact, drawing the hand or hands slowly downwards before the face,—rest a few seconds and point at the eyes,—continue to the chest or epigastric region,—rest and point there a few seconds then draw them to the hips or knees, and off, as will be directed when telling how to make passes. You may repeat this process for ten minutes or a quarter of an hour. Then desist, but keep your attention fixed on the subject; if he is quiet let him alone, if he shows any signs of arousing renew the passes.

Many subjects, on first trials, will remain quiet and seemingly asleep as long as you make passes, and arouse as soon as ever you leave off; in these cases you must just have patience, and continue the passes until you are tired or wish to discontinue the operation, when you will at once proceed to demesmerise, as if he were soundly asleep, and not speak until he be perfectly aroused, unless it be to say "*remain quiet, I am going to awaken you.*" I have already

stated a reason for announcing to the subject your intention of awakening him.

Never ask him questions or lead him to reflect on his state, until you have reason to suppose that a decided state is established; it can do neither you nor him any good, and may do harm by accustoming him to reflect on the condition he may be in on a subsequent occasion. His state should be as passive as possible; if you lead him to reflect you awaken his activity, it is time enough for him to reflect when sleep-waking is developed.

If the patient seems to sleep only whilst you continue the passes, you will renew the state on the next occasion; repeat the passes for a time, then cease and watch for the result, and recommence as before if necessary.

After pursuing this course for some few times the effect of the influence will deepen, and you may desist from making passes without finding your subject arouse himself. This is generally the rule, but an exception may occur; if so you must have patience and continue the passes until you wish to restore your patient to his natural state, even should it be necessary to persevere with the passes every time and the whole of the time that he may be mesmerised.

When the patient begins to feel the mesmeriser's influence there are generally produced certain symptoms or signs of it, which may be observed by the operator and afford him indications of probable success. The circulation and respiration become slightly accelerated; the beat of the pulse increases in number; there is an elevation of the patient's temperature; the secretory organs are stimulated to an increase of activity; tears flow; there is increased secretion of saliva which the patient swallows; a slight perspiration is perceived on the skin. These indications are favourable signs; when you see them, persevere with the process. They

may not be all presented; the flow of tears is seldom absent at first experiments, and is partly owing to the keeping up a steady gaze, but not entirely, as mesmerism particularly affects the eyes even when the patient is directed to close them and is mesmerised by passes; or it may be exactly the reverse; the circulation may be retarded and the patient shiver and become cold; this occurs in nervous patients sometimes and is not a favourable indication for the learner's experiment; it is a frequent premonitor of an approaching fit, or of convulsions, or shows that the influence does not agree with the patient. In such cases an experienced operator may do very well, and make all comfortable and right before he finishes; but an inexperienced learner had better desist and try some other subject, or the same at another time.

A curious appearance sometimes presents itself also during the process; the patient's vision becomes obscured—a cloud or mist like smoke seems to him to envelope the operator's face, which becomes dark or indistinct,—or the face may appear as if greatly magnified—perhaps distorted—he may at last see no face —nothing but eyes—or one very large eye. Some operators when they make powerful use of their will see the patient's face as if it were covered with a cloud of violet or blue light—or of blue light mixed with a pale silvery light like moonlight. I have very often perceived this singular appearance when I have strongly exercised my will-power; and have ascertained by comparing experiences with patients, and making signals at the time without speaking—by pressing the hand—that when they saw my face become dark or indistinct I at the same moment saw theirs illuminated by this light, or semblance of light.

Involuntary laughter, yawning, deep sighs, a sense of oppression or constriction in the chest, of choking in the throat, convulsive twitching of the extremities, and sometimes a tendency to retching and feeling of

sickness, are other signs presented that the patient is affected by the influence. These are all symptoms common to hysterical persons at the periods of their nervous attacks, and when developed in mesmerised subjects are merely indications of nervous disturbance. Unless they are accompanied by cold perspirations, shivers, and trembling, the learner may go on and not be troubled about them; they will soon subside and the patient succumb to the influence. I have even seen positive emesis take place, and the patient be obliged to relieve the stomach of its contents; and what matters it if we are mesmerising our patient for disease?—nothing: it possibly does him good. If the learner is merely operating for an experiment to try his power, this may be pushing the matter a little too far and as well avoided, we have no right to cause another distress whilst we are merely seeking to gratify our own curiosity. If some of these symptoms appear in conjunction with *cold shivers* and *cold perspiration*, I say to the learner *desist*. I do not like to observe these last symptoms in new patients; they only occur in very sensitive and irritable nervous temperaments, and when mismanaged are likely to leave the patient weak and irritable, and appearing all the worse for the experiment which has been tried.

When the above process of gazing at the eyes, holding hands, and short passes does not succeed, we may succeed very well by long passes; indeed to mesmerise by long passes is generally the most agreeable method to patients, although not the most speedy one. When I mesmerise by passes alone I place my patient on a sofa in a recumbent position, the head well and comfortably supported by pillows, and not too much depressed, but rather elevated. I stand at the side of my patient, take his hand in mine, look at his face or eyes, and remain quiet in this position for a few minutes. I then place his hands comfortably beside his person, and—telling him softly to look at my eyes

—raise my hands to his head, and make quiet passes to his knees; throw them off gently to the right and left; raise them to the head again; draw them downwards over the face, chest, abdomen, down to the knees, and repeat again and again, very softly, slowly, and silently; and continue this monotonous process until he sleeps, or some other decided effect is produced, or I grow weary, or a reason is presented for changing the process.

It is sometimes better that the patient should shut his eyes, and allow them to remain closed—the very effort to maintain them open keeping him vigilant and disturbing the soothing influence which would lull him into forgetfulness and sleep. Any or all of the nervous symptoms of mesmeric influence may be presented by patients tried by this process, just as by the previous one, but are not so likely to occur. The one process is like forcing them to sleep—this one is like coaxing them to sleep.

Another very effectual process is to put one hand on the patient's head and point with the fingers of the other hand at his eyes, making him stare at your finger-ends—at the same time keeping absolute silence, and your attention concentrated on your effort, which, if successful, you finish by passes.

When these means have been fairly and repeatedly tried and failed, I have often succeeded by seating my patient on a stool, or on a chair with his arm over the back, or making him recline on one side on a sofa, and standing behind him, mesmerise him by passes made down the spine, commencing them at the top of the head, drawing down the spine gently to the hips and off, and repeating until the patient sleeps, or I choose to desist from the experiment. This method may in some cases be still more effectual if we seat the patient opposite to a looking-glass; look at the eyes as reflected in the glass,—make him look at ours in the same way,—and make passes down the spine. I have

succeeded by this last mode in getting sleep when every other means had failed.

With some few subjects the gazing, or making passes, or any active process whatsoever, disturbs or prevents the accession of sleep, although the patient may be strongly influenced and feels sleepy, and is all but asleep. We may persevere, and he progresses no farther; he remains at the "all-but-asleep." When this occurs sit quietly by him; place the palm of one hand gently on the forehead, and of the other on the chest or abdomen; retain them there, and the "all but" may soon be *quite asleep*. This plan often succeeds with certain subjects better than gazing, or passes, or any other process—even to commence with—and is generally found a powerful means of deepening sleep when it is already induced, and not so deep or persistent as may be desired.

Another method I have tried with success, and generally use with difficult patients. I place them in the recumbent position on a sofa in a quiet room; cover with shawls if needful; and make them as comfortable as possible. I give my patient a thorough mesmerising, until I see him placid and disposed to sleep. Still my presence seems to disturb and prevent sleep. I therefore apprise the patient that I am about to quit him for a short time, and require that he remains still until I come again to him. I draw the curtains and make the room quite dark and leave the patient alone, taking care there shall be no noise to disturb him. In a quarter or half an hour I return, and frequently find my patient asleep—in true mesmeric sleep. I have left him with a strong doze of the influence; he understands he is to stay where he is until my return; he is in the dark, with nothing to amuse or disturb him; he falls into a reverie, and the influence, no longer resisted by mental activity, produces its required effect.

Mesmeric influence may be impressed upon some persons by mere will, no manipulations being used;

we may also succeed with persons who have not any knowledge of the attempt being made. It is not every one who can exercise this kind of power; and I imagine but a small proportion of persons are so susceptible as to succumb to such influence unless they have been rendered highly sensitive by frequent mesmerising. I have tried it upon strangers in a railway carriage or omnibus, and in a few instances seen yawning, dozing, and marked evidence of mesmeric influence produced; the premonitory symptoms have appeared, and I have no doubt that a decided state might have been obtained by persevering had I permitted myself to do it. Such an experiment upon a stranger is cruel—morally wrong—and legally, I presume, would be decided an assault. The enthusiasm of young mesmerisers and the desire of ascertaining the reality of such power may lead a person to make these experiments which are better avoided, being in most instances an abuse of the power. I have long since ceased the attempt, excepting in two instances, both of noisy, troublesome, cross, and crying children—one in a railway carriage and the other in an omnibus. In each instance I willed the little rogue to be quiet and sleep, and in each case the attempt seemed to succeed. One slept in about seven minutes, and the other in three. I cannot be positively certain that they slept in consequence of my attempt; I only know that they were exceedingly annoying to other passengers and troublesome to their mothers or nurses—that I looked at them and willed sleep and they became speedily quiet and slept.

This power is not without its use. Every natural power whatsoever is given to man for some use; the Great Giver of Good gives his creatures no vain gift; the creature who receives is responsible to the Giver for the use which he makes of the gift, and therefore the exercise of this power is right or is wrong just as we use it.

I may be in error, but I attribute to this power the possibility of influencing persons and causing them to sleep the mesmeric sleep when at a distance from the operator. That a person at a distance of many miles, and wholly unconscious of the experiment made upon him, can be put into a mesmeric sleep or state by the action of another is I confess a startling assertion to make—a "mesmeric wonder" not easy to believe. It is nevertheless a most positive and well-ascertained fact—one which I have had ample proof of in my own experience—and which can be confirmed by the experience of others whose veracity it would be dishonest to attempt denying. For I hold it to be a breach of rectitude and common honesty to affirm or to assert indirectly that a man of character, whose word would be received as truth on indifferent matters, is guilty of falsehood when he narrates a circumstance which merely appears impossible because new and strange to the man who is ignorant of the subject. I could give many instances of the success of this power from the experiences of others, but refrain purposely from extending the limits of this little volume, excepting to give one or two of my own, which really belong to me, and being original can be presented to the reader as not borrowed from the writings of others.

When I first determined to ascertain for myself if the assertion of this power as made by others was correct, I did not lose sight of the possibility of its being exercised, if successfully, on a subject at an improper time, or under injudicious circumstances. The subject might be seated near the fire, and fall into it when asleep, or might be affected when in a situation in which success would be dangerous or prejudicial. If I apprised my intended subject previously of my intention, could I be sure that anticipation and imagination did not produce the effect? If I acquainted the friends or attendants, might they not communicate some impression of my purpose, and thus introduce

an element of uncertainty? However, I selected a case free from these objections. I had a patient, Miss M. M——, who was very susceptible to mesmeric influence, who resided about half a mile from me, and who had regular aud peculiar habits which I was well acquainted with. She was subject to fits; had been more kindly than wisely indulged in certain whims; and one of them was to sit up at night, attended by a maid-servant only, when her parents and family had retired to rest. I knew that towards midnight she was always sitting talking to this servant, and did not apprehend any danger if I did succeed in putting her asleep at this time. I accordingly made the attempt one night by willing it strongly, placing a chair before me and making a few passes before her *ideally*, but as if she had been really seated thereon. I mesmerised for five minutes; waited five minutes; and then demesmerised. Next morning the patient, attended by this servant, came for a customary doze of mesmerism; and after she was asleep, the following colloquy between the servant and myself ensued. "Well, Anne, at what time did Miss M. go to bed last night?" "About half-past one, sir." "Ah! that is bad; why don't she go to bed as she ought to do?" "She won't till she is sleepy, for master or mistress either." "Why, what do you amuse yourselves with?" "We don't do nothing—we don't amuse ourselves; I work and make up my caps." "Does M—— go to sleep?" "No, sir; she is afraid to sleep, for fear a fit should come; she would never go to bed, if master did not call down the stairs and scold at her." "Did she go to sleep last night at all?" "No, not to speak of." "But did she at all? I want to know if she ever does sleep?" "She may sometimes; I don't always notice her; she was sleepy last night, when she was eating some bread and butter for her supper. She said she felt the same as when you mesmerise her, and laid her head on the table, and dropped her victuals on the

floor; but I don't know that she slept. She soon got up, and I had to cut her some more; she would not eat that for fear it was dirtied." "What o'clock was it?" "Our clock had gone twelve." The time coincided with the time of my attempt; and therefore it seemed as if my attempt had been successful. But one successful experiment of this sort is not a sufficient proof. The concurrence of M.'s sleep and my operation might have been accidental, though the probability of my having induced it was somewhat strengthened by her remark that she "felt as if I was mesmerising her." I therefore repeated this experiment again and again, and always with similar success,—and yet did not feel a certain amount of incredulity quite dissipated. The time I chose was one when sleep might naturally occur. If I selected an hour in the day, when I did not know how my subject was engaged, I might do some mischief.

However: one night, in 1845, we were visited by a more than usually severe storm of thunder and lightning; it commenced before eleven o'clock and raged terrifically for two hours. My patient's mother I knew to be very timid at such storms, and that she would not go to bed or allow her family to do so during the storm. Here was a good opportunity to test my power. Natural sleep, under the circumstances, was not to be expected. At five minutes to twelve—during the height of the storm—I mesmerised my subject, our relative distance apart being, as before stated, about half a mile. I demesmerised at five minutes past twelve. Next morning I enquired from Anne, "Did M—— go to sleep last night before she went to bed?" "Mistress would not let any one go to sleep; she is the wrong one for that when she is frightened, but I think M—— went to sleep in the garden." "In the garden? how came she to be sleeping in the garden?" "She wasn't sleeping in the garden but mistress told her and I to go into the garden and see if the thunder

looked likely to go off; and while we were walking on the gravel looking at the lightning M—— put her head on my shoulder and said she wanted to go to sleep, and I told her she had better then go and sleep on the sofa, and made her lift her head up; and when she was going into the house she laid hold of the garden palings, and laid her head down on them, and staid ever so long so." "Did she sleep then?" "I didn't see her eyes; but she wouldn't speak to me when I spoke to her." "What o'clock was it?" "Some of the clocks* on the Green struck twelve while her head was on the palings." After this I communicated to my patient that I had the power of mesmerising her at a distance. But although she acknowledged feeling sleepy, and sleeping as if mesmerised, she was by no means disposed to attribute it to my operation. She was quite aware that I could mesmerise her through a wall,† but half a mile off was another affair. "How could the mesmerism get to me? It must come through the air after it got out of your house and the wind would then blow it away," she used to say. I several times afterwards mesmerised her by arrangement when I was in London, with apparent success, though twenty miles distant. On two occasions I tried to produce the same effect, when she was at some merry-making parties, dancing, &c. Here my attempt was a failure; the circumstances in which she was placed defeated the influence.

I had a more striking experience soon after these trials of the power. My professional occupation caused me to reside away from my family, who lived in the neighbourhood of Camden Town, whilst my residence in Essex was distant twenty miles at least "as the crow flies." At this time my wife, who had *not been previously mesmerised*, was suffering severely from a presumed engorgement of the spleen, and was under the customary medical treatment, but did not take

* Cottagers' clocks. † I often had done so.

opiates as they invariably caused delirium instead of sleep. One Sunday morning I received a letter from her in which she stated that she was no better; and that pain, restlessness, and irritability deprived her of sleep at night; that she was often in the night obliged to rise from her bed, sit in a chair, or walk the room for an hour or two at a time, feeling so much distressed that she could not remain in a recumbent position, and too irritable to sleep. On receiving this intimation I determined to try my power of mesmerising at a distance that very night. I considered that at half-past eleven she would certainly have retired for the night, and accordingly at that time commenced willing her to sleep, and making passes in the direction of the north of London, as if my influence could reach to her. I also willed that she should know that I was mesmerising her. I continued this operation for upwards of half an hour. Next evening, Monday, I wrote to Mrs. Barth telling her of my attempt, and enquiring if she had felt anything unusual. On Tuesday morning I received from her a letter written on Monday afternoon, and which had therefore, be it observed, *crossed mine* in course of post transit. In this letter she stated —"a curious thing happened to me last night: I went to bed soon after ten o'clock, but as usual I could not sleep. In about an hour I was obliged to get up, and sat thinking, and sometimes walking about. By-and-bye I drew up my blind, and looked out of window at the gardens and railway. Whilst I was looking such a dreadful sleepiness came over me I could scarcely keep my eyelids open, they seemed as if they were being drawn down by little threads, I felt quite overpowered by it, and at the same time a strong impression came into my mind that you was mesmerising me; it was as plain and distinct as if a whisper had told it me, only no whisper was audible. I felt alarmed, and thought 'what should I do?' I next thought that if you were mesmerising me the best thing I could do was to get

into bed again and be quiet, which I did and slept soundly until this morning, and was so soundly asleep that they brought me my tea three times before they could awaken me to take it. Now was not this curious? Had you anything to do with it?" The receipt of this letter on Tuesday morning gratified me by an assurance of the complete success of my Sunday night's operation, and my letter to my wife, already dispatched, explained to her the cause of (and my participation in) her sudden and sound sleep. We immediately, and mutually, corresponded by letter again on the subject, and I arranged to induce sleep nightly, at half-past eleven, by this distant operation, and succeeded in doing so for many consecutive nights. This was put an end to by the illness of a child who had hooping-cough. His mother would not entrust him at night to the care of a servant, and wrote to me begging me to desist from my nightly mesmerising, as she could not resist the influence, and became unable to attend to the child, who she feared might be choked by the paroxysms of cough were she unable to raise him up and pay the requisite attention to him. We next settled to have the sleep at half-past three or four every afternoon; and this also succeeded until discontinued at my wife's earnest request, as casual visitors were sometimes present with her at the time. The tendency to sleep duly and suddenly came on, she did not like to explain the cause as it would appear to them monstrously absurd and ridiculous; and struggle as she would against it she still kept dozing, and dreaming, and making *mal apropos* replies to their conversation, which she feared would really lead them to imagine she had indulged in a habit opposed to ebriety. I could adduce various other striking instances of the possibility of inducing sleep on distant persons which have occurred in my personal experience.

Although in operating for the purpose of influencing

a distant subject I generally use my hands and make passes as well as exercise the will, I still believe the will-power to be the efficient agent. I have succeeded in these experiments by will alone; but never by merely making passes in the direction of the subject without will. The latter is necessarily a futile experiment; it can hardly be made without will. I can raise and depress my hands without having any determined purpose for so doing but such passes are not mesmeric passes, or if they influence slightly, when nearly in contact with a subject, they will not influence distant persons. To succeed in this operation, I think it is also necessary to have a vivid and distinct mental vision or picture of the subject at the time and during the whole time of operating present to the mind. We must endeavour to feel as if present with the absent person to be influenced. The more strongly we are able thus to mentally or ideally associate ourselves with the subject the more strongly shall we be enabled to bring him within the sphere of our influence.

If we allow our thoughts to wander from a person who is being mesmerised and to become concentrated on another—although that other is distant from us—we might influence that other instead of the person intended; hence the necessity of concentrativeness. A mesmeriser, whilst operating, should have only one person and one idea present to his mind.

I have already stated that, under peculiar circumstances, the will-power may be very properly used—my wife's case is an example of its proper use—but it is also a power which might be very much abused. I am in possession of a few startling circumstances relating to a probable mis-use of the power—circumstances which would partially explain the belief of a past age in bewitchment; but I am trying to instruct as to the use and not the abuse of mesmeric power and therefore will leave them untold.

I have given details of the customary methods of mesmerising, but I cannot say that I know of any process which deserves to be considered as especially more proper than another. Some mesmerisers use one method, some prefer another; some, like myself, use any and every process which they think likely to be successful. I am perfectly certain, from personal experience and observation, that the mode of mesmerising is not a matter of indifference in many cases, and deem it more than probable that it is never a matter of indifference in any case where we mesmerise to cure a disease; when we mesmerise for mere experiment it may then be an indifferent matter which process we choose. The only safe and prudent rule will be to allow the circumstances of each individual case to guide us as to the methods we should employ. I will endeavour, in a subsequent section, to give the learner a few general hints on this part of our subject.

MESMERIC PASSES

Are used by all mesmerisers, and are merely certain movements of the hand or hands made near to or over a subject. I think that in order to render these passes really effective they must be accompanied by an exercise of the operator's volition. It is not possible to make passes without some volition; we must will to raise the hand and depress it again; but the volition which should accompany mesmeric passes is a special volition; we must will to produce some desired effect, and to produce it by the aid of these passes to render them truly effective mesmeric passes. The very art of the mesmeriser requires that he should know what effect ought to be produced in a given case, and to know how, and be able by his art to obtain the effect. When a learner makes passes they must therefore be accompanied by a special intention. The will

is the primary active agent, the hands the instruments by which the influence set in motion by the will is communicated. When I raise my hand and arm and knock down a man by a blow (supposing I did such an act) with my fist, the will is really the active agent, the arm and hand the instruments by which the will operates. Mesmerisers believe, or act as if they believed, that the peculiar nervous force which proceeds from the brain, or is rendered active by the brain when we perform a voluntary act, can be projected from certain portions of the mesmeriser's person more readily and directly than from other portions. When we use our hands we consider that this force is communicated most effectually from the tips of the fingers, the inside of the fingers, and palms of the hands. On making passes we therefore always present these parts of the hand to our subject.

To make passes the operator must slightly separate and curve the fingers, and not let the arms be quite stiff and straight, but rather flexed at the joints; he must feel at ease and his arms and hands remain at ease, his motions will then be easy and natural. He commences by presenting the inner surface of the hand and finger-tips to the head of the patient, or upper part of his person, projecting his nervous force upon the patient from his hands, and drawing the hands steadily and slowly downwards until he takes them off. He takes them off by separating them and removing or waving to the right and left; and while at a distance from the patient's person he again raises them, turning the back part of the hands to the patient until they have attained a proper elevation for again presenting and repeating the pass. These passes must all be made in one direction; that is why we turn the back of the hand when ascending, as we consider that the influence does not escape from the back part; if we did not turn the hand or remove it to a distance from the patient, the upward passes would neutralise

the downward passes and no effect would be produced; we should be constantly doing and undoing, by making our passes give off influence whilst descending and ascending. If the learner understands, or can ascertain the method generally employed for rendering an unmagnetised steel bar magnetic by streaking it with a permanent magnet, he will understand why this rule must be observed in mesmerising or exercising animal magnetism with the human hand.

As a general rule magnetisers never make upward passes from the feet to the head—they are said to be in some cases mischievous; I know that they produce headache and other uncomfortable sensations on many patients, and therefore should not be tried unless it be imperative to arouse a sleeper, or to restore a limb which has been temporarily paralysed by downward passes, and the customary means have failed; we may then try a few upward passes, but should discontinue them as soon as the desired result is obtained.

Passes made with one or both hands in one direction and continued from one extremity of the person to the other are called by mesmerisers "long passes."

Passes may be made at a distance of two or three inches from the patient's person, or if these seem to irritate him, we may remove to a distance of two or three feet, or even more, and our passes will still be efficacious, and in many cases be more comfortable and soothing than close passes.

Passes may sometimes be advantageously made in contact or by friction, especially on paralysed limbs.

Passes in general should be made slowly; a pass from head to knees or feet of an average-sized person should occupy from twenty to thirty seconds or even more. In rheumatism of the muscles strong and brisk passes are more efficacious than slow.

The methods of operating which I have just given, are those principally used by mesmerisers when they wish to put a patient under the general influence of

mesmerism. When they wish to apply the influence to a part only, they direct the operation to the part and call this "local mesmerism."

A very powerful method of directing the influence to a part, is by placing a folded linen or silken handkerchief over the part, then take a deep breath and breathe the warm air from the lungs strongly upon the part; the lips should be placed closely upon the handkerchief and the operator breathe or blow with considerable force; when this very simple process is properly managed, patients are often astonished at the sensation of warmth which can thus be communicated to a deep-seated internal organ. It often succeeds in spasms and rheumatic pains much better than passes.

Many mesmerisers recognise in themselves, by certain sensations combined with an intention, and in their subjects by certain effects produced, two modes of operating, which may be considered as using positive and negative influence.

When we are acting positively we try to impart healthy influence to our patient by projecting it from ourselves; when we operate by the negative method we are not trying to throw power from ourselves, but to take from or withdraw diseased influence from the patient. Passes made with this latter intention may be called *drawing-off passes* or *negative passes*, to distinguish them from the others which may be characterised as *positive passes*.

I am not prepared to assert as an indisputable fact, that in one instance a power proceeding from ourselves is really projected into the patient, and in the other that a power proceeding from the patient is attracted out of him by our operation. I give it as an opinion, which I believe in common with many others, and advise the learner to assume it as truth—just as he receives the assumption of a mesmeric influence. The effects produced by mesmerising are positive facts; the methods used to produce the effects are likewise

ascertained facts. The effects are real effects, and the methods real causes; but the nature of the peculiar influence by which the cause produces the effect is not yet wholly ascertained. That there must be a special influence is undoubtedly true and may be safely believed. The particular character of this influence—its primary source—the laws governing its action—and various other matters which have a special relation to it, are only partially known.

I advise the learner to assume that it is possible to project influence,—or act positively; and to withdraw influence,—or use the negative action; because, by exercising the mesmeric power with such intention, he will be often enabled to apply it efficiently; when by mesmerising blindly, without having any definite purpose, he may fail to do good and perhaps do harm.

When we mesmerise in order to produce some curious and wonder-exciting experiments certain methods must be employed; they are simple enough, although marvellous effects result.

To obtain rigidity in a limb we extend the limb; hold it extended a few seconds and make strong longitudinal passes, with or without contact, over it; or we go behind our subject and extend our own limb beside his in juxta-position, stiffening it, and holding a few seconds. The state of our own limb is by sympathy induced in his. We suddenly withdraw our own limb and leave his in the induced state.

To lock a jaw desire the patient to open his mouth wide, and make two or three passes from the angle of the jaws to the chin; or desire him to close his teeth and make a few similar passes; or close your own teeth firmly and look him in the face, willing that his remain closed, suddenly withdraw your attention from him and the closed state of your jaws remains impressed on his.

To cause apparent adhesion make your subject place his hand on a chair or table, then present your own

hand over, and press—though without making contact —with a certain force, say fifty pounds. Suddenly remove your hand, and his remains on the table or chair affixed seemingly by a force of fifty pounds, or perhaps much more, because it appears pressed down by a force which he cannot overcome at all by his volition. A bystander must use a considerable force, perhaps as if of fifty pounds, in order to raise it. Experiments of this class admit of many variations, which may be similar in kind though dissimilar in mere effects. You may give a subject a ruler or stick to hold in his hand; tell him to close his hand firmly on it; then close your own hand, and suddenly withdraw your special attention. His hand remains firmly closed upon the object, and he is not able to unclose his hand and let it fall although you tell him to drop it. Now desire him to hold it fast; close and unclose your own hand; and direct your attention upon him, willing that he drop it. Your will, and the unclosed state of your hand, is communicated to him by sympathy and overpowers his volition; he uncloses his hand and drops the stick, notwithstanding his own effort and wish to retain it.

It is quite unnecessary for me to describe the curious experiments of this class which are frequently performed. They are all induced much in the same way. They are more curious than useful in one sense, but are beautiful examples of a physiological fact—that the peculiar nervous sympathy established betwixt the parties, or the strong will of the operator acting on an induced morbid sensibility of the subject, enables one party to obtain a predominant power of volition over the volition of the other.

To exercise traction the learner must make tractive movements towards himself. To draw a person's hand hold your own hand a few seconds over it, and gently draw up your hand, willing or expecting the other to follow yours. Repeat the process a few times, and if

the patient is susceptible to traction his hand will follow yours. By drawing with both hands towards your own person you may draw a susceptible person to you from a considerable distance, notwithstanding his efforts to prevent the effect. I have drawn a little girl across a room to me whilst a lady was holding her around the waist and trying to prevent her coming to me. I pulled strongly, as if by an imaginary rope attached to my little subject, and pulled the pair across the room six or seven yards until the child touched me—the lady and child both being awake.

By using repelling gestures, with a corresponding intention, you may prevent your subject from approaching you, however much he may strive to do so; or you may push him away from you, or about the room, without actually touching or putting your hands in contact with his person.

We all naturally use these processes when acting under emotion or excitement. We extend our arms when we invite the approach of a child or very dear friend, using the attractive influence and wish of "come to me, dear one." We extend our arms and use the repulsive force when we would repel or prevent the approach of one strongly disagreeable to us—"stand off, fellow! don't come near me"—suiting the action to the word. These actions are all instinctive or natural to us. Possibly physicians may not understand the use of them, but it is not improbable that Nature does and did when she gave us the instinct to use them.

To produce phreno-mesmeric experiments we point or put the tip of a finger over an organ, and hold it there a few seconds until the excitement of its function is manifested; it is sometimes enough to excite one organ, sometimes we must excite the same organ in each hemisphere of the brain before we obtain a response. After exciting one mental faculty, we should breathe and blow upon its organs to dispel the

excitement before we excite another, unless we design to have two in action. If we neglect this we may have several organs in partial action and the manifestation we desire will come out imperfectly. We may excite the cerebral organs of persons who are in their natural state, or of persons in sleep-waking or in deep sleep. When the subject is in the deep sleep the excitement arouses him into an imperfect sleep-waking state and he relapses into insensible sleep the moment the finger is removed from the organ. Phreno-mesmeric experiments upon persons in the deep sleep I think present the most beautiful instances of the phenomena; the contrast exhibited betwixt the manifestation of activity whilst the finger rests above an organ, and the instant death-like insensibility when the finger is removed is very striking.

I give no instructions for processes with respect to the phenomena of community of taste and feeling, because this is not a state which can be induced by any particular process; it occurs during a mesmeric treatment as it were spontaneously, and its establishment depends rather upon some peculiar harmony or sympathy naturally existing betwixt the mesmeriser and his subject than upon processes. The methods of testing the phenomena are so obvious that it cannot be necessary to describe them. The experiments may be made interesting by causing eight or ten persons to form a chain by holding one another's hands, place the subject at one end of this chain and the mesmeriser at the other, and in many cases, whatsoever the latter tastes or feels is tasted or felt by the subject as distinctly as if the mesmeriser had his hand. With some subjects the sympathy is so strong that the mesmeriser need not touch the subject in order to form the communication, their relation will be sufficiently intimate when in a room together.

DEMESMERISING OR AWAKENING PROCESSES.

To demesmerise or remove the influence we proceed to act as if the power which we had projected into our patient could be drawn out of him and dispersed, by blowing, fanning, making transverse passes, the application of cold, and a few upward passes if indispensably necessary.

In performing any of these acts the will or intention must, as a matter of course, have relation to or direct the act. For instance, you must not make transverse passes and will or wish that your patient continues to sleep, or make downward passes and wish him to awaken.

Supposing your patient asleep and you have reason to awaken him, whether he hears you or hears you not, begin by apprising him of your intention; if he hears you—you prepare him for awakening and often dispose him to assist you; if he does not hear you, it costs very little trouble to say "I am going now to awaken you;" we must remember that some mesmerised patients hear and understand very well, although they do not give any evidence of hearing. You then commence by drawing your thumbs over the eyebrows or eyelids in an outward direction, to the right and left, making contact passes; or by making transverse passes with the palms of the hands. You may also blow sharply and strongly on the eyelids a few times, or fan the patient briskly with a handkerchief. Any or either of these means will awaken a patient generally; sometimes one succeeds better then another; with patients very difficult to awaken I first try one way and then another, and another, and then the first again, until my patient is aroused. I first begin quietly and gently, but if the patient does not arouse by these means I call him by name, desire him to awake, and make brisk transverse passes with contact over the head and eyebrows,

and trunk and arms also,—occasionally blowing on his eyelids, and fanning him.

It may happen that your patient will be only half awakened by these means, and immediately that you desist relapse again into his sleep. If this occurs several times, and it be imperative that you must arouse him, put his hands into cold water, or pour cold water over the palms of his hands, or put a wet sponge or cloth on the back of his neck; open a window and let him feel the cold or fresh air; at intervals try the fanning and transverse passes, and persevere until he exhibits no further tendency to relapse.

If your patient has passed into a sleep-waking state, it is advisable always not only to tell him that you wish to awaken him, but enquire if he can tell you how you ought to awaken him or if he will indicate the process by which he would like to be demesmerised, and comply with his directions as far as you rationally can. It is not necessary that the sleep-waker be clairvoyant in order to direct in this matter; it is often sufficient that he knows that he sleeps or that his eyes are closed. Some patients in sleep-waking refuse to allow that they are asleep (and in fact they are right), they will only acknowledge that their eyes are closed, and that they have been mesmerised. When this is the case you can state your intention to *open the eyes*, and enquire how you shall do it. Whether it be that one process is really more suitable than another and that the subject instinctively perceives it or that the patient chooses to have a whim about being aroused signifies little; as a general rule, if he indicates a process or method he will be most perfectly and quickly aroused by that method.

With some patients it may happen that you will be able easily to restore the natural waking state and consciousness, but find it difficult to open their eyes. When this occurs I have always found that applying my lips near to the closed lids, and breathing warm air

upon them, has most speedily relaxed the spasmodic contraction of the muscles; or breathing upon them and then blowing cold and sharply upon them; or after breathing upon them the application of cold, as the steel knob of the poker, will prove successful.

Should it occur that a patient when aroused and the eyes opened still finds a limb stiff or powerless, we must use transverse passes with contact, or breathing and blowing upon, until the natural state of the limb is restored.

I have occasionally had patients who felt weak and powerless when demesmerised to such an extent that they could not stand without support. In such case I take my patient's hands in mine; place myself exactly opposite to him, our knees in contact; and then looking at his face, I stiffen my own muscles in arms, legs, neck, and back; and have never failed in a few minutes to make my patient feel himself strong and vigorous. Patients have always declared themselves exceedingly refreshed and strengthened by this process.

To make transverse passes with the hands you need merely present the hands with the palms together to the median line of the patient's person, then turn the palms towards him and separate them, drawing off to the right and left. Begin at the upper portion of your patient's person, continue the transverse passes to his knees, and repeat as long as may be necessary, acting negatively—that is, with the intention of removing your influence.

As a general rule, if you have mesmerised your subject by passes, you must demesmerise by passes; if you have influenced him by gazing or pointing at the eyes, you must demesmerise the eyes, and also make the transverse passes over his person. A few minutes only are in general required to awaken a patient, but there are some who may require the awakening process to be continued for half an hour before they are sufficiently aroused.

ON THE PERSISTENCE OF MESMERIC STATES.

Cases do present themselves—though very rarely—of persons who when put to sleep must sleep a special time, and cannot by any means be thoroughly awakened. If such an instance should occur to a learner he need not be alarmed by it, the patient will be sure to awaken spontaneously. It may be very inconvenient to the parties concerned,—this cannot be helped,—we must make the sleeper as comfortable as possible and have patience until he does awake. The subject will be certainly benefited by his long sleep if we only leave him to enjoy it and carefully protect him from all disturbing influences.

It is not possible to say—before we try him—how long a patient will sleep, or his mesmeric state persist if we leave him to recover spontaneously; much depends upon the idiosyncrasy or peculiar tendency of the patient, and something upon the action of his mesmeriser.

After mesmerising a patient, and leaving him to sleep it off, I find generally that in from one to two hours he awakes, as from natural sleep, and feels "all right," or a few wafts with a handkerchief will soon make him so.

I have had patients who required ten or twelve hours to elapse before they aroused spontaneously. With some it occurs that at whatsoever time you induce sleep it will persist the remainder of that day, all the night, and they will awake spontaneously at the hour in the morning at which it is their custom to

arouse from natural sleep, if you do not demesmerise them previously. I once put a patient into the sleep-waking state, and the state was maintained for five days and four nights, without any additional mesmerising; the state became at length nearly exhausted, and the patient was in a condition which it was not prudent to prolong, being neither asleep nor awake, seeing one minute naturally with her eyes and then seeing without the eyes. I therefore mesmerised her to obtain a perfect state and then demesmerised and restored her to her natural state. During this period she went to bed every night and passed into the deep sleep, arousing from it in the morning into the perfect sleep-waking state, eating, drinking, reading, working, and spending the day just as if she had been naturally awake, excepting that her eyelids being closed she saw without eyes, and had no memory of the circumstances of her sleep-waking when eventually restored to her natural state.

In my extensive experience I have never met with but one patient who could not be awakened from sleep when I desired it, and one case of sleep-waking when the subject would not be awakened unless she pleased, and could not be awakened until she had given her consent. It is necessary that I should inform the learner of the possibility of such an occurrence, but it happens so rarely that he need not be under much apprehension of being annoyed by it. In the first of these two cases I easily dispelled the sleeping state on the third day from its commencement, the patient having partially awakened previously.

I have had patients who would only sleep a limited time, and whose sleep could not be prolonged beyond it. As soon as ever the time arrived they would awaken, although I had mesmerised them all the time they slept, or having desisted, had again commenced mesmerising to prevent their awaking. Nor could they be again put into the sleep until some hours had

elapsed; thus showing that they only required a certain amount of sleep, and could not receive any more at that time.

It is by no means unusual for the customary duration of the sleep to lengthen after first commencing a regular treatment, to remain stationary for a time, and then to shorten until your patient, who may at one period have slept several hours, will awaken in a few minutes after being put into sleep. The increase of the sleeping time at first is a consequence of increased susceptibility; the decrease an indication of returning health, the patient no longer requiring the sleep.

MESMERIC SUSCEPTIBILITY.

THERE is a wide difference in amount or degree of susceptibility to mesmeric operations found to exist amongst different persons. Some are so easily impressed that they succumb to our influence in a few minutes' trial; others require persevering efforts to be used for an hour or more before any perceptible effect is produced; others are not mesmerised into any well-marked mesmeric state until after many daily repetitions of the process; and some cannot have any decidedly abnormal state induced at all.

I cannot tell my readers upon what causes this difference in mesmeric susceptibility depends; some mesmerisers believe that they can give a true and rational solution thereof; others would refuse to accept of their opinions and give another solution; mere opinions, therefore, are better not adduced. I am quite certain of one fact, that the amount of susceptibility is rather dependent on the mental or cerebral than on the general physical organisation.

Many mesmerisers consider that females are far more impressionable than males or children, and that girls of from 14 to 18 years are more impressionable than adult women. Possibly this may be so in general practice, but I cannot state that I find or have hitherto found it so. I have succeeded in mesmerising into sleep quite as large a proportion of males as females, and have never found children more difficult to mesmerise than adults. I have frequently succeeded in inducing deep sleep in less than ten minutes' trial on strong healthy men surpassing me in personal size and apparent

muscular strength; and have failed with small delicate nervous ladies after repeated trials.

I have always found that strong-minded self-willed ("hard-headed," to use a term more expressive than elegant) persons are the most difficult to mesmerise into a decided state. People who have large Firmness, Self-esteem, and Combativeness are not easily subdued; where these organs are moderate and Adhesiveness and Benevolence are full, the subjugation mesmerically is comparatively easy.

Certain diseased states predispose patients to become susceptible of, and some diseased states prevent, the induction of abnormal or mesmeric states.

There is also existing a peculiar sympathy betwixt individuals which favours the action of mesmerism. Thus, A, B, and C may each fail to mesmerise D, and F will succeed on the first trial. I have easily subdued a patient who had been repeatedly mesmerised by others without any apparent effect, and have known another succeed where I have failed. Some mesmerisers can only subdue persons of a certain temperament, others can affect a large proportion of the subjects tried by them.

This peculiar sympathy is sometimes so strong that I have known a stranger possessing it actually take away the influence intended for another person who was being mesmerised in the same room. As an instance: I one day commenced mesmerising a young lady patient, who had been rendered susceptible by frequent mesmeric operations, and who invariably passed into sleep in a minute or two, or after three or four passes had been made. The patient had reclined in her accustomed place on a sofa with her head to the north, and standing by her side I made the accustomed passes, but without seeing the customary effect follow. After persevering for some ten minutes I exclaimed, "Why do you not go to sleep, Miss?" her reply was, "Why do you not make me, Sir? I cannot

sleep unless you make me go." I continued some time longer, but still my patient remained awake. I eventually gave up the attempt, and then found that a lady friend who had never before been present at a mesmeric operation or been mesmerised, and who had been sitting watching us had actually gone to sleep. She was seated in a direct line with my patient's person, to the northward of her. I awoke this lady and made her take her seat in another part of the room, and then mesmerised my patient with the usual facility. This lady had involuntarily taken the influence which had been intended for my patient, and her position had some connexion with the effect, because she was not influenced when seated in another part of the room, but was in the one position, as I proved on repetition for the sake of experiment. Other persons tried in the same seat being insusceptible were not subject to this effect.

After a patient has once been mesmerically subdued and his state perfectly established, he will afterwards be easily subdued,* and pass into a similar state by whomsoever mesmerised; provided always that the mesmeriser really does mesmerise—that is, possesses the power of mesmerising. But the induced susceptibility may be lost if a long time intervenes before the operation is repeated, and in some cases if the patient has been frightened or mismanaged during his mesmeric state.

To be susceptible of passing into a deep mesmeric sleep is an especial comfort and blessing to the possessor of this susceptibility. It is therefore a duty to themselves, incumbent on all who have once had the

* I have found children present a marked exception to this general rule. I have mesmerised them into deep sleep within ten minutes at the first trial and failed in all subsequent ones. The reason was, at first they did not know my intention; on subsequent trials they had discovered it and were no longer passive but actively resisting the effects.

susceptibility induced to take care they do not lose this faculty lest it fail them in the hour of need. To maintain and retain it they must occasionally be mesmerised by some healthy friend.

As a general rule, every thing which excites to mental activity tends to prevent the induction of mesmeric states; every thing which conduces to a passive state of mind is favourable to the induction.

There need be no doubt whatsoever that many persons are highly susceptible of mesmeric influence and are benefited by its application, who never pass into any abnormal state. The production of some mesmeric state must not be therefore looked upon as indispensable evidence of mesmeric susceptibility. I have known in many cases the mesmeric influence produce an increase of mental activity and vigilance instead of a desire to sleep; and as to curative effects, as many cures are made without the sleep as with it; this assertion is corroborated by all mesmerisers who have had much experience. Indeed some of the most remarkable cures effected by mesmerism have been obtained without any sleep, or marked mesmeric phenomena being produced.

ON THE MESMERISATION OF INANIMATE SUBSTANCES.

I HAVE already adverted to the fact that mesmeric influence can be communicated to inanimate matter by the action of the mesmeriser. This is a fact very easily proved; and it is a fact most important for the learner to be satisfied respecting. When this fact is fully recognised, the belief in the reality of mesmeric influence is no longer an assumption based merely on probability and hypothesis. There is an end to the oft-repeated question, "How can your merely moving the hands before a sick person do him any good?" If people can understand that something does go out from the mesmeriser to his patient they may not find it so very difficult to understand how the mesmeriser does him good. Patients can also understand how they may receive benefit, although they do not sleep or pass into a mesmeric state.

Though the influence may not be seen to pass from one to the other that is no reason for asserting that it does not pass. When we hold the connecting wires of a galvanic battery in our hands we feel its effects although we do not see the influence. We can feel heat without seeing it. A stone falls in obedience to the laws of gravity but we do not see the attractive influence which pulls it down. Diseases are communicated from one to another by infection and contagion although we cannot detect the morbid influence in the course of its transmission. Our noses will often afford evidence of the existence of things which we do not see; taste, or touch, or hearing of others; and reason

assures us of the real existence of many things which are not cognisable by either of the five senses. The man is a fool who says, "Bottle me off a pint of your mesmeric influence, seal closely and send per bearer, that I may subject it to chemical analysis and ascertain its composition." Let him first learn to enclose the sound of Jenny Lind's voice in a pill-box that we may be able to open and listen at pleasure. When we would examine electricity or galvanism we study them through the media of their peculiar laws and conditions; if we would test the reality of mesmeric influence we must seek our knowledge by the evidence of the effects which it produces when subjected to its own conditions. The learner who wishes to ascertain the possibility of communicating mesmeric influence to inanimate matter must mesmerise such matter and study its effects upon susceptible persons.

In order to mesmerise an object we may hold it if small betwixt our hands, or make passes over it, or point at and hold the fingers over it, or breathe upon it, or stare at it with our eyes, exercising the will as for any other mesmeric operation. The subjects by whom we are to test must be highly-susceptible subjects to mesmeric influence. If we try experiments upon those who are unsusceptible, we neglect the requisite conditions and need not be surprised at disappointment.

If the mesmeriser has a very susceptible subject, he (the mesmeriser) may mesmerise a handkerchief folded a few times, by placing it on one hand and making short passes on it with the other or by some other method if preferred. Without telling his subject of the purpose of the experiment, desire him to place the handkerchief upon his head and the influence may put him to sleep as quickly as if direct passes had been used. Vary the experiment by trying several handkerchiefs only one of which is mesmerised, and that one alone will produce the effect. You may induce mesmeric states by giving your subject mesmerised

water to drink, or by mesmerising the seat of a chair which you afterwards invite him to sit upon, or by mesmerising his bread and butter, and in various other ways which I need not suggest.

These experiments answer best upon subjects who have been frequently mesmerised, and the more often they are repeated the more certainly and quickly they succeed. The subjects become educated as it were into a habit of succumbing to the influence thus impressed upon them. This remark applies to all mesmeric experiments.

When we mesmerise an object without having any definite purpose, the general effect is merely to induce sleep or sleep-waking, or the state—whatsoever it may be—which is habitual to the subject when mesmerised. If we wish it to have a special effect we must mesmerise it with that intention. It also appears to me that if we wish to induce a phantasy or ideal delusion in our subject, we must ourselves have a mental image or idea of the phantasy whilst mesmerising the object. Thus were I to intend the subject to see or believe a black cat to be seated on a stool I would mesmerise with that intent, and whilst operating I would have a mental picture of a black cat on the stool present to my mind. Again if I mesmerise a glass of water to taste of Epsom salts I endeavour at the time to remember the peculiar taste of salts. If I load an object with an imaginary weight I press over the object with an idea of the weight and a muscular force which might have some relation to the intended perception of weight. If I placed a barrier across a doorway I picture to my mind some kind of barrier and will that it be there whilst I am making the passes.

Like all other mesmeric phenomena, the power of communicating our influence to and from inanimate matter has its use. I constantly mesmerise water to act as an aperient medicine for many patients when they need an aperient. I mesmerise handkerchiefs to

put them asleep if they are restless at night or if circumstances interfere to prevent their customary personal mesmerisation.

Patients when in sleep-waking (and some few in their normal state if in darkness) can see the mesmeric influence upon objects which have been mesmerised; they describe it as luminous and like spangles, or like a cloud or luminous mist.* Many persons can perceive a difference of taste in mesmerised water when compared with the same water which is not mesmerised. I have several times found water which has been well mesmerised and accidentally allowed to remain exposed to a hot sun present a slight odour of ammonia, water from the same cistern not doing so when unmesmerised. I know a gentleman who being regularly mesmerised and susceptible to the influence, was on a visit to some relatives in the country, and requested a young lady to mesmerise him some water to drink shewing her how to do it. The water had a very strong flavour of brimstone afterwards, so much so that he could scarcely drink it. On naming it he discovered that the lady at this time was taking daily doses of brimstone and treacle. Nervous persons will often drink a large quantity of mesmerised water without inconvenience and reject a small quantity of water taken if it be not previously mesmerised. I have never been able to distinguish mesmerised from unmesmerised water by the taste, I am not sufficiently sensitive, but this is no reason why others should not be able to do so; waking persons who can discern the taste declare it to be rather disagreeable than otherwise, that it has somewhat of a metallic taste or like ink. Sleep-wakers generally relish it very much if it be mesmerised by their own accustomed mesmerisers or by some person who they like and whose influence is agreeable to them; if their

* For particular details of this appearance see the Baron Von Reichenbach's curious and important work.

own mesmeriser has not mesmerised it, they usually at once perceive the fact; indeed they can generally distinguish if the influence which they may see on any mesmerised object is their mesmeriser's or that of some other person.

Dr. Storer, of Bristol, one day called upon me to request the loan of a subject or subjects to assist him in demonstrating mesmeric phenomena at a private party of friends in town.* I offered him several from my own family, amongst them a servant, named Fletcher, who had been mesmerised very often before she came into my house and was peculiarly susceptible. Dr. Storer made a few passes over the seat of a chair; I then sent for Fletcher, and enquired if she would permit the doctor to mesmerise her; on her assenting I desired her to sit down on the chair and remarked that the gentleman would try her presently. Dr. Storer continued in conversation with me, no direct notice being taken of the girl who passed into sleep-waking in two or three minutes. On asking her why she was asleep, she laughed and replied that the gentleman had mesmerised the chair. "How do you know that?" I enquired; "I see the influence on the chair, and it is not like yours, sir," was the reply. I was able to put this subject into sleep-waking by any indirect method I chose to try; occasionally to oblige visitors and show this class of phenomena successfully, I have allowed them to suggest the process by which she should be mesmerised.

It is necessary in making these experiments to be on our guard against the disturbing element *imagination* and vary the experiments; as if mesmerisable subjects are often sent to sleep by mesmerising their chairs, habit and anticipation may lead the subjects to suppose that a chair not mesmerised is mesmerised, and their imagination will suffice to put them to sleep. They do not deceive intentionally but are themselves deceived

* His own subjects being in Bristol.

by imagination. It by no means follows that imagination is the only active agent; with some patients it never has the slightest influence though the true effects of the mesmeric power are easily induced. It is my duty to advert to the power of imagination and to caution the learner, when making testing experiments, to take care that it does not interfere to spoil his experiment.

I sometimes see effects produced which I do not will or anticipate and these especially delight and interest me. As an instance:—One evening a few friends joined our family at the supper table, and as mesmerism happened to be the subject of conversation, I tried an impromptu experiment. A lady who was seated by me had partaken of a few oysters and two remained untouched on her plate. Before the plates were removed I mesmerised this lady's and willed that it should stick to the table. On the servants coming to clear away I desired Fletcher to take the plate down stairs; she to my surprise picked it up and walked away with it. I remarked that the experiment had failed, and so it had as regarded the special object; but the influence communicated to the plate had some effect, by the time she reached the kitchen her arm was stiffened and rigid. Presently the cook made her appearance to say that Fletcher could not use her arm, and was sure her master had been playing her a trick though she could not conceive by what means she had been affected (remaining awake, the sleep-waking faculty was absent, which would have informed her). The sequel of this experiment was more interesting; when the servants had cleared away they finished the oysters for their own suppers, and Mary (another susceptible person) ate the two oysters which remained on the mesmerised plate. As soon as these oysters (which had been undesignedly mesmerised) were comfortably deposited in her stomach the mesmeric influence took effect, her eyes closed and she went into

the deep sleep which is her customary mesmeric state. As her eyes were closing Mary remarked "Those two oysters have done it." I never knew Mary go into mesmeric sleep spontaneously and believe therefore these oysters were the cause. I endeavoured to awaken her—never having failed in doing so when she is designedly mesmerised—but on this occasion I could not. After persevering for a time I gave up the attempt, ordered her to be put to bed by her fellow-servants and succeeded in awakening her next morning when the influence had partly expended itself.

The next time I tried this kind of experiment with Fletcher it was successful. I mesmerised a plate and willed that her hand should stick to it, at the suggestion of a friend who wished to ascertain if it was possible. We took care that no other servant was present when the plate was mesmerised, arranged that other things should go down on the supper tray and this plate be left to be taken with the cloth, purposely that the subject of the experiment should not have a knowledge or suspicion of it. When supper was ordered to be removed, another servant took the tray and Fletcher the cloth and mesmerised plate. In a few minutes sounds of loud laughter saluted our ears. On enquiring what they were making so much noise about, Mary informed us that "Fletcher could not put down the plate and Anne and she had been trying to take it from her but could not." When Fletcher made her appearance the plate was so firmly grasped in her hand that no force short of breaking the plate would remove it. Breathing on and a few transverse passes over the hand immediately dispelled the effect.

We must remember that time is an element in this class as in every other of mesmeric experiments. Time enough must be allowed for the influence to produce its impression, it seldom does so instantly. A few seconds or even minutes may be necessary, and sometimes longer.

I once had a very curious experiment unexpectedly presented by an interesting little patient whose case is partly detailed in the *Zoist* for October, 1849, No. 27. The child's customary mesmeric state was one of lucid sleep-waking. One day for some purpose I believe to remove a pain in the chest or back, I mesmerised a slip of writing paper and placed it in the child's shoe desiring her to put the shoe on. No sooner was her foot in contact with the paper than her eyes closed and she was in the sleep-waking state. I desired her to take her shoe off, her eyes immediately opened and she was awake. This was afterwards repeated frequently to prove the fact by experiment. However often it was done the same result ensued; with her foot on the paper she was in sleep-waking, the instant her foot was lifted off the paper she immediately awoke. The paper put on her head or chest did not produce this effect. I had no previous anticipation of this circumstance occurring nor do I know how or why it was produced, why the patient should be more susceptible on the sole of her foot than the crown of her head, or why the mesmeric effect only persisted during the time whilst the foot was in contact with the mesmerised paper; I only know that the fact was exactly as detailed and can be confirmed by many who saw it.

The effects of mesmerised substances are very easily brought out on many susceptible subjects in the waking state when all possible care has been taken to prevent their having any previous idea of our purpose; we are therefore constrained to believe that the influence of one person and the intention combined with that influence can be communicated to inanimate matter, can again be transferred from it, and even then retain an active energy or operative influence on the system of another person.

OF MESMERIC DANGERS.

I CANNOT say that the abuse of mesmerism is totally and absolutely devoid of danger. The mesmeric power or force is a reality and not a chimera of the imagination. It is well known that even a mere imaginary delusion has acted upon the nervous system with sufficient intensity to stop the vital activity of the system and cause death; and mental shocks and fright very frequently cause epilepsy and convulsive diseases. We cannot therefore feel surprised that so powerful and active an agent as the mesmeric in its relation to the nervous system, may do mischief if it be ignorantly used or abused in its application. I never heard of a death being caused by any abuse of it and do not believe that mesmerism could kill directly under any circumstances. A prudent use of mesmerism can never injure, but if people who are totally ignorant of mesmeric conditions will venture to try their power it is quite possible that they may cause fits, or great cerebral disturbance, or long-enduring prostration of mental and physical power, or violent tremors, or severe headaches and other mischief. The danger is not in the use but in the abuse of mesmerism, and even this danger is very slight as to possible mischief in the large majority of cases. The number of persons who are totally ignorant of mesmerism and yet attempt it must be very great. People soon learn that passes made in such a way will mesmerise, are tempted by curiosity to try their power and yet the instances of mischief being done are very few indeed. Were they numerous we should certainly hear of them.

As to the danger of mesmerism producing a special

depravity of morals, it is either an ignorant or a malicious assertion of the anti-mesmerists. Bad men may abuse the best of God's gifts. They may abuse the Bible and religion and under the guise of especial piety practise great wickedness, but we cannot therefore say that especial depravity of morals is induced by the study of the Bible and practice of religion. There is nothing existing in creation for man's use which may not be abused by those whose evil desires lead them to seek how it may be perverted. There are or have been bad men in all classes of society: ministers of religion abusing their sacred office; physicians violating the confidence reposed in them when exercising their professional duties; roguish lawyers have been known to exist even in this present generation; cheating merchants and tradesmen we fear are not yet extinct; some ladies are not so pure and virtuous as they might be or ought to be; and some gentlemen would rather object to have all their private or secret transactions obtruded before their friends. As the physician is endowed with a capacity of sinning if he will, it would be too much to expect an exemption in favour of the general practitioner or apothecary. As the parson and lawyer have been known to transgress moral and civil laws, can we think that the sailor or soldier alone will respect them? If these classes of society are not removed beyond the possibility of falling into sin, can we hope the classes below them in social *status*—the artisan, the servant, the labourer, all more exposed to temptation and less blessed with education and circumstances which strengthen the power of resisting it—can we hope that they will prove immaculate? If we cannot find a class of society which does not possess some members who may not be proof against the desire to sin, where are we to find a body of mesmerisers amongst whom there may not be some black sheep? As the power of exercising mesmerism is a natural faculty common to all mankind, bad men may exercise it as readily as

good men, and they may pervert it to bad purposes. The perversion of the power does not make the proper use of it evil; and to assert that it does is a clear proof that the assertor is incapable of arriving at a rational deduction or is devoid of the spirit of truth and Christian charity.

Some are solely opposed to mesmerism on the ground that it must be sinful necessarily, because it may deprive the subject for a time of his free will, because whilst under the influence he may no longer be a free agent. What nonsense this is! Who amongst us in civilised association are always free agents? Is the highest personage in the realm a free agent at all times? are any of us absolutely free agents? Is not religion —are not all human laws so many clogs upon our exercise of absolute free agency? Undoubtedly they are; who can deny it? They are all especially ordained and designed to curb man in the exercise of this vaunted free agency. What then becomes of this objection to mesmerism? If the mesmeriser for the time the operation lasts does deprive the subject of free will, and does it for the patient's benefit, the end justifies the means; he only does that in the singular which is ever being done in the universal or general for the well-being of mankind; he only does that which every practitioner of medicine is constantly doing and must necessarily do. Will not a few grains of tartar-emetic deprive a man of his free will, or three drops of croton oil deprive him of his free will? Let him after swallowing such a dose try to restrain its action by his will, and he will be speedily convinced that he has very little free agency left in the matter. It may be urged that men are free agents to swallow drugs; they know what the action will be, they are not opposed to the induction of the action and therefore their free will is not suspended. So be it. Men are as free agents to be mesmerised or not. If they submit to and desire it and understand the probable effects of its

action, we may presume they are not opposed to the induction of its effects, and therefore are free agents in the matter just as far as when they swallow drugs.

The objection often urged that people may be made totally insensible by the action of mesmerism without their own knowledge and consent and that they cannot know what may then be done to them, is evidently a mistake of the objectors arising from ignorance of the subject. This is done with chloroform and certain drugs; perhaps it is this abuse of chloroform and drugs by wicked persons that has misled the objectors; they say mesmerism but mean chloroform and morphine and extract of coculus indicus. The public journals frequently inform us of cases of gross wickedness committed on persons who have been rendered insensible and incapable of resistance by the abuse of chloroform and other matters obtained at chemists and druggists' shops. It is greatly to be deplored that things which have a use should have that use perverted by bad people; but this is not the fault of those who prepare the compounds, or of the physicians who patronise their use. My readers I hope will all have common sense enough to perceive that the bad men alone are to blame who abuse chloroform and morphine, not the benevolent physicians who use for a good purpose.

I have already stated that very susceptible persons may be influenced by strong mesmerisers without their knowledge and consent; I have not stated that they may be easily put into the deep insensible mesmeric sleep. The mesmeriser who has obtained perfect mesmeric control over a susceptible subject has this power in a small proportion of instances but it does not admit of being generally exercised, and very susceptible persons are also susceptible to influences which may be used to protect them and render it impossible that they should be mesmerised without first being consenting parties; it is the duty of their mesmerisers to afford them this protection.

To put a person into the deep mesmeric sleep (which is capable of being abused as much as if it were the drunken unconsciousness of chloroform) is generally a work of much labour and some time; there is very little reason to apprehend that bad people will apply it for bad purposes, because chloroform and narcotics are so much more secret, easy, and speedy in their application. We sit down opposite to a person when we mesmerise him—take hands, look at his eyes, make passes before him, as already told under the head "Mesmeric Processes,"—and we cannot do this without the subject perceiving it and enquiring our object; chloroform probably and drugs certainly may be administered and the subject never know who it was that administered, or even know how or by what means he has been affected. The averments of dangers of this kind brought against mesmerism are scarcely at all applicable to mesmerism, but are truly applicable to chloroform and drugs, and brandy, whiskey, wine, and all intoxicating liquors. To be consistent therefore, the objectors should not only denounce mesmerism for the barely possible danger of a mischievous abuse, but denounce ether and chloroform and certain drugs used in medical practice, and all intoxicating liquors. Any danger of a wilful abuse of mesmerism which may be apprehended to ensue under the hypocritical veil of a benevolent exercise of the power, is easily obviated and rendered impossible by such precautions as common prudence will suggest. A wise man, with his purse full of sovereigns, will not sit down alone in a company of total strangers and permit himself to be mesmerised into deep sleep; a prudent woman need not be mesmerised at all unless under the protection of a relative or friend, who can be a responsible guarantee for her safety when she can no longer be responsible for herself.

By another class of objectors mesmerism is considered a satanic agency and mesmerisers as persons in

league with the devil. Individuals of this class hope to be worthy believers in the mission of Him who taught brotherly love and charity to all mankind. I really believe them to be honest but sorely-mistaken traducers. I request them to investigate before they condemn; not to blame a thing good in itself because they do not comprehend it—not to stigmatise a large class because of the possible frailty of a member—not to assert until they are prepared with certain proof—and that when they study Holy Writ, seeking something which they may torture into an indirect denunciation of mesmerism, they will also read and ponder well on the words "Judge not, lest ye be judged"—"Whoso speaketh ill of his neighbour," &c.—"With whatsoever measure ye mete," &c.

There remains one other class of vituperators,—a very malignant class. I allude to certain members of the medical profession who have descended to publicly speak, write, and publish lying calumnies of mesmerism and the whole class of mesmerists. Amongst these stands prominently forward a member of the London College of Physicians—(I in charity refrain from giving his name)—who stated, when delivering the Harveian Oration before and to an assemblage of his colleagues, that:—

"*The impostors called mesmerists were the especial favourites "of those persons, both male and female, in whom the sexual "passions burn strongly either in secret or notoriously. Decency "forbids me to be more explicit.*"

I do not quote other assertions of a like character made by medical practitioners, a specimen may be enough, indeed is too much, were it not that such lying calumnies do get circulated and may be believed by decent though silly people. The evident object is to frighten away all respectable *fee-paying* patients from mesmerism and mesmerisers, under the pains and penalties of being pointed at as persons particularly addicted to licentious pleasures. Now be it observed

that these assertions are not directed to one or two mesmerists singled out from the body but are asserted of the whole class. Who compose this class? these calumniators very well know. Their professional brothers, Drs. Elliotson, Ashburner, Engledue, Simpson of York, Storer of Bristol, and a host of other men of undoubted character and reputation as physicians and surgeons, are avowed mesmerists. The Archbishop of Dublin is a mesmeriser; his lady and daughters are kind-hearted, worthy and disinterested mesmerisers—these ladies have performed one of the most extraordinary cures of total blindness ever recorded as done by any human means or by any human beings. Clergymen of the established church, eminent and notorious for piety and their benevolent care of the flocks entrusted to their charge, are avowed mesmerists. Some of the most dignified and honourable of the aristocracy, peers of the realm, are mesmerisers; ladies of the same class mesmerise and are mesmerised; barristers, lawyers, magistrates, country gentlemen, dissenting clergymen, men eminent in literature, science, and the arts are mesmerisers; and ladies, matrons and unmarried, of all these classes, mesmerise or are mesmerised. Ignorance cannot be urged in extenuation of the gross, unmanly, ungentlemanlike, and lying calumny asserted with respect to so large and respectable a portion of society—a calumny which, if possible of proof, would render male mesmerists totally unworthy of rank or place in decent society, and reduce female mesmerists to a station even more degraded than that of the poor unfortunates driven by necessity to walk the streets. I should be sorry to think that the inventor and utterer of this calumny really believed it, because it would lead us to suspect the propriety and decency of his own imaginings; men are considered prone to suspect others of liking that which they like; and it would be unjust and a breach of charity to our neighbour even to question the character and purity of

his thoughts, unless upon undeniable evidence. I would rather believe that the medical opposition and hatred to mesmerism arises from vanity and self-love. It is feared that if mesmerisers cannot be stayed in their career of successfully and easily curing diseases, if respectable patients cannot be frightened from applying to them for aid, "Othello's occupation's gone," or may at least become an unprofitable *trade* as to pecuniary reward. Here is the TRUE SECRET of MEDICAL HOSTILITY to mesmerism; certain men have gone too far in their hasty and ill-judged opposition—they hate the idea of retracing their steps, acknowledging their error, and becoming mesmerists—and they hate the idea of suffering in their pockets; so mesmerism must be put down at all hazards. These opponents are not honest opponents nor clean-minded opponents, and may therefore be treated with contempt and silence as far as mesmerisers are concerned, unless to protest against and assert their calumnies to be gross lies, that the weak minds disposed to believe them may not understand that they cannot be or dare not be denied or refuted.

Having endeavoured to meet the objections to mesmerism which are urged on moral and religious grounds, it only remains that I should caution learners how to avoid doing the possible mischief which might follow from an imprudent exercise of the power. They should observe:—

Never to direct the influence entirely to the patient's head, but to remove it from the head to the rest of the person to equalise it; and conclude the operation with long passes.

Never to allow the patient to be mesmerised by another operator whilst under the influence of the first operator; that is, not to let him be influenced by two or more persons at one time.

Remember that when you have succeeded in putting your subject into any abnormal condition, you have

taken upon yourself to be responsible for his safety and comfort whilst in that condition. Never therefore distress him by making idle and unnecessary experiments or allow others to do so; never leave him until you have ascertained that he can bear your absence without experiencing any discomfort; never leave him at all unless in the care of a trustworthy relative or friend who has been made acquainted with the necessary precautions to be observed for his safety. If you must leave him awake him first, unless all that which is necessary to his well-being in his mesmeric state can certainly be observed.

Never allow any person to touch your patient or even speak to him, unless you previously put the parties into mesmeric communication. You may do this by telling your patient that Mr. —— wishes to take his hand or ask him a question and enquire if he has any objection. If he assents take a hand of each party in your own hands, hold them a few minutes and join them. If the patient shudders on contact being made, complains of cold, or shows symptoms of a hysterical or convulsive character, immediately separate them; blow on his hands to blow off the strange influence, and hold his hands in your own, remaining calm and quiet, and in a whisper request your patient to be so. Some patients in the sleep-waking state, and a few in the mesmeric waking state, become so susceptible to disturbance from the touch or approach of any person but their mesmeriser, that great caution must be observed in permitting it. I have known screams, hysterical laughter, and convulsions caused in a lady by the touch of her own sister, after she had been told that her sister wished to and consented that she might take her hand; it caused me great trouble to quiet and compose her afterwards. If anything unpleasant occurs you must try to calm your patient without awakening him; if you cannot succeed after a fair trial you must awaken and mesmerise again, and repeat this until you

have succeeded in making him happy and comfortable. Should the patient not assent to being touched it had better not be attempted.

Never leave a patient in a distressed or disturbed state, under an impression that he may become comfortable without your aid in a short time; it is probable that he will not if you do leave him and you risk his becoming seriously injured.

Be very cautious how you excite the cerebral organs; phreno-mesmeric experiments are very interesting to the beholders but not very profitable to the subjects, unless used as a means of remedying cerebral disease. Remember that the means used to cure a disease when it really does exist may cause the disease where it has not previously existed. The excitement of an organ, if induced mesmerically, is best removed by breathing over and then blowing on.

Experiments upon mesmerised subjects made to test the effect of metals, or magnets, or chrystals, and many other experiments may do mischief. The learner should make himself thoroughly acquainted with the effects of intended experiments upon others before he tries them on his own subjects. If you mesmerise to cure disease have nothing to do with experiments of curiosity they do no good; they may do harm directly, and certainly injure indirectly, by diverting your intention and influence from the useful purpose of curing.

Never leave a patient who may be only half awakened. There is no danger in the mesmeric sleep, nor is there any danger in the sleep-waking state whilst these states persist in their perfect form; but when patients who are very strongly under the influence are imperfectly aroused they are neither in a mesmeric nor in a normal condition, they are in a mixed state which may be one of real danger. If the mesmeric state be sleep they remain sleepy with a tendency to fall asleep; I have known cases of this happening in very unsuitable places and circumstances. If the state be sleep-waking the

patient requires more care to be taken in respect of awakening him than when it is sleep. Patients in perfect sleep-waking closely resemble waking persons, with the exception of their eyes being shut; when partially aroused, the eyes may be open, and the patient see or appear to see with them and yet be partly in the sleep-waking condition. In this mixed state he has not the faculties of perfect sleep-wakers, which serve all purposes of use as well as the faculties of waking persons, nor has he his customary faculties, he no longer judges of things correctly. I have seen this state presented decidedly as one of temporary insanity, and therefore caution the learner especially to take care to prevent it, by not considering the patient awake until his memory and sight are in the natural condition and he talks as reasonably as usual.

Never mesmerise a subject when you are angry or excited, or low-spirited and fretting, you risk bringing him into the same state; and do not mesmerise if you are suffering from any general bodily illness, or you may communicate disease instead of health.

To prevent a very susceptible patient from being unconsciously mesmerised or influenced by a stranger, the accustomed mesmeriser may avail himself of a mesmeric promise extracted from the subject, which often succeeds admirably, or he may will that the subject shall not be impressed by any person excepting himself, and take care to acquaint the subject that he is doing so; or mesmerise a gold locket, or gold ring, or some other article with the same intention, to be worn next the skin (I find gold succeed best), and order the patient when in sleep-waking, and when awake, not to be susceptible to mesmeric influence from any one whilst the article is worn. It may be necessary to keep up the mesmerisation of the article from time to time as the influence becomes exhausted, or it loses its protective power. I have found this latter very effectual, so much so that I could not mesmerise my own patient when

protected by a mesmerised locket. Some patients if sleep-wakers will indicate for themselves a method. It is always desirable, when persons become very sensitive, that the mesmeriser should discover a method of protecting them from being mesmerised when not consenting to or conscious of the attempt, and such method may usually be found. Persons whose susceptibility to mesmerism is so extreme that it might be inconvenient to them are generally sensitive enough to be influenced by the preventive means which will afford a sufficient protection.

CROSS MESMERISM

Is when a patient is placed under the influence of two or more mesmerisers at the same time and from their influences being of a dissimilar character, or the action and intention of the mesmerisers being dissimilar, dissimilar or opposing states are induced and the patient becomes distressed thereby. The influences of two or more mesmerisers is sometimes desirable and necessary, as in cases of dangerous acute disease where uninterrupted mesmerisation must be continued for many successive hours, before one operator is quite exhausted another taking his place and thus mutually relieving each other. Again, in cases of severe paralysis and very great nervous exhaustion two or more mesmerisers may be tried advantageously. The mesmerisers must then act precisely by the same process and with the same purpose; and if proper care be used and there is nothing mutually repulsive in their respective influences, benefit instead of mischief may be obtained. This is rather double mesmerising than cross mesmerising. If the influences of two operators produce dissimilar and opposing effects serious inconvenience and mischief may be done to the subject.

It sometimes happens that the effect produced can only be removed by the operator who has caused the effect; thus, if a patient be doubly mesmerised and each operator is not careful to remove the whole effects of his own influence the patient may appear to be unmesmerised and yet be partly mesmerised, and be placed in a situation already described as one of great danger.

When patients are in sleep-waking we must avoid the risk of cross mesmerism by taking care that only one mesmeriser subjects them to his influence; but

some are so highly sensitive in this state that the near approach of a person or an unintentional touch may produce disagreeable consequences. When this occurs it is better that the original mesmeriser should awaken the subject and then re-mesmerise him, than for the second party to attempt to disperse the effects of his contact or contiguity.

I have known double mesmerising often borne comfortably and advantageously by patients when administered with proper caution, but undoubtedly serious mischief has been done by its being heedlessly attempted —patients becoming cross mesmerised; therefore the inexperienced mesmeriser should never allow another operator to assist him by joining in his operation, or permit any person to meddle with his patient whilst under the influence. If the learner undertakes a case in which additional mesmeric power seems to be necessary, he should not have it applied until he has obtained the assistance of an experienced practitioner, who is thoroughly conversant with the proper application of mesmerism, to direct him.

ISOLATION.

A MESMERISED subject may be wholly isolated, that is, cut off apparently from any appeal to any of his senses as in the deep sleep; or he may be only partially isolated. It is very curious to observe, as I have often done, the different effects produced upon the same sleep-wakers by different mesmerisers. Perhaps each induces sleep-waking with equal facility, but under the influence of one the patient exhibits no isolation; he hears every person in the room when they speak; he sees every article in the room; he sees and knows every person present. I have seen the same subject awakened and presently put into sleep-waking by another mesmeriser, and then be incapable of hearing any voice but that of this mesmeriser and also incapable of seeing any other person unless the mesmeriser expressed an urgent desire that he should do so. The patient seemed so engrossed by the new mesmeriser that he could not direct his attention to any other person. Persons who pass into the sleep-waking state characterised as ecstasy are in general perfectly isolated, they seem entirely absorbed in contemplation or in-drawn as it has been expressed; they are quite indifferent to all and every thing external to them, and if allowed to remain long in the state may become so far isolated as to be insensible to the means used to demesmerise and the mesmeriser losing his power the patient must sleep on until the effect passes away spontaneously. It is not advisable to allow any patient to become so deeply isolated as to be placed beyond the control of his mesmeriser.

MESMERIC DELIRIUM OR DREAM.

This is an imperfect sleep-waking state. The patient has some of his faculties in perfect action and the functions of some imperfectly exercised, and is thus subject to all the mental incongruities which are presented in our natural dreams. He calls persons by wrong names mistaking them for others, fancies himself in other places, and may be deceived in the identity of all who surround him and in the reality of his present circumstances, either by his own faculties or by suggestions made by others. His conversation is all quite rational and all his actions also, as far as they have relation to his present ideal or delusive perceptions, but of course irrational as to the absolute reality of his true circumstanees. We have presented to us an exact picture or counterpart of many forms of insanity, and one which the physician may contemplate with much interest. He will see a case of mental functions thrown out of balance by the influence of a few mesmeric passes; and the patient's mind restored into healthy equilibrium again by making a few more passes. Here is matter for very serious reflection. The influence of the passes is too subtle to be detected; we can only know it by the effects produced. If such seemingly trifling and inappreciable influence can produce such effects, may not the influence which causes real insanity as a disease be something as seemingly trifling and simple; and if we could only detect and command it, might we not as easily then cure the insane as we can now restore these mesmeric dreamers? The state now alluded to is somewhat different from that produced by phreno-

mesmerism. By exciting an organ we produce an uncontrollable impulse to do a certain action in accordance with the cerebral function of the organ and induce a state corresponding to mania or monomania, in which the subject does not reason, or his reason is set at nought by the impulse. In the mesmeric dream the subject does reason, and reason coherently, but the objects of perception presented to his reasoning faculty are hallucinations; the perceptive organs instead of being unduly excited seem to be unduly depressed, and wanting their healthy tone lead his reason astray by presenting it with erroneous perceptions. This is a state corresponding to many forms of insanity. If we excite the cerebral organs of the sleep-waking dreamer we then see the analogue of mental diseases, where a sound reasoning faculty exists disturbed by false perceptions, and combined with some mania or uncontrollable desire to do certain actions.*

* How unfortunate it is that the able and influential members of the medical profession do not set aside their prejudice against mesmerism; would they only carefully examine the mesmeriser's artificial and temporary pictures of insanity they would no longer suppose that inflammation, or some structural change in the substance of the brain must exist antecedent to the development of insanity, and therefore no longer treat the unfortunate patient for a disease which may have no existence. Their cupping and blistering, and depletion and purgations, would not take precedence of the more rational treatment presented by enjoining strict repose and a judicious employment of purely moral remedies. I am quite aware that practitioners who are perfectly acquainted with mental disease do not recommend much physic or the remedies which may be called medical; but I am also aware that the general practitioners, who seldom see cases of the sort, usually begin with this kind of mischievous practice when entrusted with a case. When the brains of deceased lunatics are examined, it seldom happens that the anatomist can detect any lesion which will account for the disease. If it does occasionally occur that some softening or change is detected, the examiner then points to his discovery as the cause of the disease, whilst it may be only an effect. It is more than probable that the functional derangement really precedes the structural change. The friends of a patient who

For nearly a third part of my whole life my avocation has led me necessarily to the daily contemplation of mental disease; and my mesmeric experiences having presented me with many artificially induced states of very similar character, I am led to believe that every form of mental disease may have its semblance artificially produced in a highly sensitive subject, without damage or detriment to the subject of the experiment, by a well-instructed and expert mesmeriser.

The mesmeric delirium or dream is a mixed state between the perfect sleep-waking and the deep sleep. It is always wise to oppose its persistence as far as possible by either deepening the state into sleep, or bringing the patient into lucid sleep-waking by demesmerising the head. I do not consider it a state so advantageous for the subject as the state of sleep or sleep-waking; it may become dangerous, and the operator should always strive therefore to terminate it.

presents symptoms of insanity should abstain from employing their general practitioner in the case unless they know that he has a large experience in such diseases; they will do much better to call in the aid of the physicians who attend to insanity and nothing else, and then request that judicious moral means be tried before any active medical treatment is used. They will act more wisely still to call on the physician-mesmerist for advice and aid, and instead of consigning their unfortunate fellow-creature to a treatment which is only better than active medical because it leaves nature unmolested to cure if she can, obtain the application of mesmerism for a cure. Insanity is quite curable and easily cured by mesmerism when of recent accession; long standing chronic cases will require time and perseverance. In the government asylum in India, at Berhampore, under the charge of Dr. Kean, mesmerism was tried on the insane patients. Seventy-four patients being subjected to mesmerism, and SIXTY-FOUR!!! of the SEVENTY-FOUR discharged cured, some after only a few weeks' mesmerisation.—Vide *Zoist* for January, 1850.

ON THE APPLICATION OF MESMERISM TO DISEASE.

This chapter is intended principally for the non-medical mesmeriser, or for domestic use.

The questions presented as most important for guidance are,—"To what diseases is mesmerism applicable?" "Should medical treatment be used in conjunction with mesmeric?" "How should mesmerism be applied?"

I know of no disease in which mesmerism may not be applied with advantage; whether it should be alone trusted to, or used as an accessory remedy, must be determined by the circumstances of each individual case.

Diseases are either acute or they are chronic, and are functional or structural. When disease first attacks a patient it is considered acute. Acute diseases generally pass through certain phases in some determinate time, and in that time either kill the patient, or the patient throws off the disease, or the disease establishes itself in the patient's system and becomes chronic. Chronic disease may exist for many years, depriving a patient of health and comfort, but not necessarily endangering his existence.

In a case of severe acute disease which endangers life, a non-medical mesmerist would incur a very serious hazard in trusting the case to mesmerism alone, particularly if the patient has never been mesmerised, and no decided mesmeric state, as sleep-waking or the deep sleep, can be induced. He should never encounter the responsibility of such a case, unless under the guidance and with the full sanction of the regularly qualified

practitioner. Dangerous acute diseases often progress to a fatal termination with such rapidity, that remedies as dangerous nearly as the disease may be considered necessary to give the patient a chance. Whether dangerous remedies should be employed or not, or whether there are any safe and equally useful remedies is another question which physicians may discuss. The patient and his friends may try any medical treatment they deem best; but in every dangerous acute disease medical aid should be obtained from some practitioner of medicine. In such cases the mesmeriser who has full faith in the efficacy of his power need not be idle; he may employ mesmerism as an accessory remedy. It may save the patient's life and cannot under any circumstances be injurious to him. The intention to mesmerise the patient should be communicated to the medical attendant; if he be a liberal-minded and unprejudiced man he will not object, provided his patient desires it; if he has no faith in the utility of mesmerism he need have no scruples on the ground of a mischievous operation; if he thinks there is no mesmeric influence he cannot fear its effects—that which does not exist can do no harm. The advocates of mesmerism owe a duty to it and to themselves. Should the chosen medical attendant declare that he will not permit any mesmerising, that he will abandon the case should it be attempted, the patient is not to lose his chance of benefit to gratify any such prejudice. Let the patient and his friends at once dismiss the scrupulous gentleman and call in one who knows the utility of mesmeric treatment, or one who is willing to learn by watching in an impartial spirit for its effects. Medical practitioners, seeking to increase their practice, are so plentifully supplied everywhere that there never need be a serious difficulty in securing a suitable one. The advice which I give is recommended from motives of prudence. It is not that I doubt the efficacy of mesmerism alone, even in the most dangerous acute diseases,

if it acts; but we must not forget that in order that the mesmeric power be fully effective it is needful that the patient be fully susceptible of the influence. The action of disease on the system may prevent the action of the mesmeric power; unless we can see well-marked and positive mesmeric effects produced we cannot be sure that the mesmerism does act; and should it not act, what then are we trusting to, if we trust to it alone? I believe that the mesmeric power is a specific cure in every disease (not requiring surgical aid), but I do not believe it is the only curative means, therefore in a case where the existence of life is hazarded it is advisable that other means be employed in conjunction with mesmerism. I have combated dangerous acute diseases by mesmerism alone and combated successfully, curing the sufferers with marvellous rapidity, but I had a great advantage in my favour, the patients had been often mesmerised previously and were perfectly susceptible to my influence; I knew the patients and their previous health, and understanding their diseases could ascertain if they declined or increased. Whilst I saw the symptoms of the disease afford evidence that it was abating I was safe in trusting to mesmerism; had they progressed unfavourably I would at once have met them by other means of cure.

When it happens that in a case of dangerous acute disease the patient can be placed in the deep unconscious mesmeric sleep, and kept in this state, and surgical assistance is not called for, I do believe that *mesmerism alone* will cure that patient if he is to be cured at all, and cure him more safely and certainly without drugs than if drugs be administered. The exception admissible in favour of drugs would be if the stomach and intestinal canal were over loaded and required relief; an aperient might perhaps be administered to commence with, and on the cessation of its effects the sleep be induced and be kept persistent, occasional dozes of mesmerism being administered during the sleep. This

opinion is entertained by the majority of medical men who practise mesmerism and is fortified by their experience. Many of them would not even allow the aperient, insisting that the natural powers, invigorated by the mesmeric influence, will be found sufficient for all which is essential to the patient's safety. During this sleep I have known a highly-accelerated pulse be speedily reduced to the healthy standard; a small and slow pulsation become rapidly accelerated and strengthened; a hot dry skin with cold extremities be speedily exchanged for perspiration and warm extremities; suppressed secretions be no longer suppressed; and all requisite relief to the system be obtained for the patient, when awakened, through the natural excretions, without the use of any drugs. Patients have been seriously ill, slept for a few hours, and awoke well, and nothing but mesmeric sleep has been tried. I do believe that during the last visitation of cholera, if mesmerism could have been fairly and fully tried, hundreds or even thousands of lives would have been saved. I never had an opportunity of trying mesmerism in a positive case of Asiatic cholera, but I tried it towards the end of last summer in an aggravated case of diarrhœa which occurred to one of my own family, with marked success. The sufferer was the girl Eliza Fletcher, already mentioned as being particularly sensitive to mesmeric influence. She was awakened about four o'clock one morning by violent cramps and spasms in her stomach or bowels, with constant retching and defecation. I heard of her illness about nine and not having time to try mesmerism gave her a dose of calomel and opium. At twelve I understood that she had been sick as soon as she swallowed my powder (which was probably wasted) and was now worse. I saw her; she seemed quite prostrated; was in agony, writhing about with pain; was shivering with cold; feet and hands cold; still frequently retching a little water and froth; with defecation of a thin watery

fluid every ten or fifteen minutes. I ordered her to bed and promised to come and mesmerise her as soon as I possibly could; I had no kind of doubt about curing her. At three in the afternoon I found her lying upon chairs before the kitchen fire. On enquiring why she was not in bed as ordered, she said she was so cold she could not stop in it, and was so weak she could not sit up. The retching had rather abated, the action of the bowels continued, and the pains or spasms had much increased. Had this case occurred a month or two later in the season the cholera doctors would have set it down as a case of true cholera. I am content to call it diarrhœa although I believe that it was the first stage of true cholera. At three o'clock I sent her to bed and mesmerised her with all the energy I possessed. I commenced by placing a handkerchief over the seat of her spasms, breathed strongly there, and next made passes for twenty minutes until all pain was gone; then made passes over her legs and feet and arms and hands until they felt warm, both to herself and to my touch; and concluded by long passes from head to feet. I desired her to stay where she was until my return home and ordered her a little hot brandy and water to be taken immediately. I returned about six o'clock; she had been quite well since I left her but was as I expected still in the sleep-waking. The previous state of the bowels had not been at all inclined to trouble her; she was warm—she said "very hot"—and had experienced no pain since being mesmerised, but was hungry and wanted to get up and take her tea. I desired her to do so and come to me to be awakened afterwards. She said she could not get up or move; she had been trying. I found that my long passes had paralysed her power of motion, although not made with such intention, and therefore had to demesmerise the limbs and awaken her. She was then quite well, and did not experience the slightest return of the disorder. Now what cured her? Either the opium

and calomel, which had produced no effect from nine, a.m. till three, p.m., and was probably ejected by the retching; or the mesmerism; or about an ounce of brandy with a little hot water. If the drugs, then they should have shown their action earlier; so the mesmerism and brandy must settle the case betwixt them, unless nature stept in (as the sceptics say she always does) just at the moment when mesmerism was tried. Well, I suppose the sceptics are right after all. Nature does step in to aid the mesmeriser—but how? Nature acting in him throws natural healthy energy into the patient, and nature acting in the patient, being reinforced by a natural ally, fights so successfully that the enemy of nature—disease—is killed, or finds his safety in a precipitate flight. This is the true secret of a mesmeric cure and the "effort of nature" which accompanies it.

There are acute diseases incidental to children and adults in which a healthy parent or friend may mesmerise successfully at once, before claiming medical aid; it will be always quite right and safe when indisposition is observed to try it at once; but if the sufferer becomes seriously ill notwithstanding, it will then be proper to send for the doctor. In all such cases when mesmerism is tried the intention and effort should be to soothe the sufferer, remove his sufferings, and induce sleep. Every idle experiment must be positively interdicted.

In chronic diseases it may be presumed, as a general rule, that the doctor has tried his means of cure unsuccessfully, and unless the case be one presenting a danger or probability of a speedy and fatal termination, active medical treatment may be judiciously dispensed with during the mesmeric treatment. It may be dispensed with because active treatment will produce constitutional disturbance prejudicial to the effects of mesmeric influence; it is sending an ally to the assistance of nature who may not act in harmony with her own plan of operations, or in concert with her mes-

meric ally, and who will therefore be a very dangerous ally in the camp, causing a division in favour of the enemy. It does not follow that if medical treatment is dispensed with the visits of the medical attendant must be dispensed with. If the practitioner understands mesmerism he will probably direct the mesmeriser, or assist in the treatment himself; if he does not understand it, but is honest and unprejudiced, he will be glad to attend and mark progress and put the non-medical mesmeriser on his guard if any dangerous symptoms are presented. If the doctor be prejudiced against mesmerism he must be positively excluded from visits even of friendship, or any meddling of any kind whatsoever with the patient during the treatment; he can do no manner of good, and will hardly fail to do harm by creating difficulties and throwing doubt and discouragement about patient and mesmeriser. No prudent mesmeriser, whether medical or non-medical, whether operating gratuitously or receiving fees for operating, should undertake a chronic case requiring long and persevering treatment, unless he be guaranteed against all hostile medical interference, either direct or indirect and unintentional.

It often happens in treating cases of disease that the mesmeric power acts as homœopathic medicines act, causing symptoms analogous to those produced by the disease; thus the real symptoms appear worse or become aggravated. If this aggravation is a mesmeric effect it is an advantageous action; it will abate and the real symptoms of the disease abate with it; but should the patient be not fully assured of this effect being advantageous he may easily be persuaded by his old medical attendant that the mesmerism is really injuring him, and discontinue it just at the time when it is curing. The interference and ignorant advice and opinions of non-medical friends have the same prejudicial effect upon the patient; he becomes fearful and fidgetty and tries to oppose any extraordinary effects which the

influence is inclined to produce, instead of passively giving way to them, and thus materially retards his own cure. It is a happy event when doctor and patient and friends are all concurrent in the propriety of mesmeric treatment, are anxious and hopeful for its success, and have the assistance of a competent mesmeriser, in whose experience and judgment they can place confidence. When it is otherwise mesmeric treatment may fail with the most promising patient. Many a case affording evidence of a satisfactory cure being probable and not remote, has been ultimately marred by the mischievous meddling of silly relatives and friends. The mesmeriser, forewarned, must therefore feel it a duty to himself and to the patient whose case he would undertake to provide against it, and obtain a pledge of honour from all parties concerned which shall guarantee him from mischievous meddling being attempted.

When mesmerism is tried to cure a chronic disease, it is quite impossible to say how long a time it will be necessary to persevere with the treatment before a cure must be expected. When chronic diseases are only functional they are often cured with a rapidity truly surprising; but functional disease, when it has persisted for some time, may cause an alteration in the texture or tissue of organs, or in the constitution of the blood, or condition of the nerves, and the original disease of function becomes complicated with a disease of structure. If this has occurred it would be absurd and opposed to the dictates of common sense to expect a speedy cure of it—mesmerism does not work miracles. That the mesmeric power is equal to the cure of a disease of structure has been often enough proved; but a structural change is not instantly effected (unless by an accident), it is the result of a cause which has been operating for some considerable period of time—a considerable period of time must therefore elapse before it can be repaired and the diseased part restored to its naturally healthy state. Structural changes are often

detected by the examination of an expert physician or surgeon, but may exist when no examination of the living subject can detect their existence; or may be too delicate and minute for detection on any examination after decease. If no structural change whatsoever has taken place a functional disease of long persistence may be like any long-established habit, very hard to get rid of in a short time, although perfectly curable if patience and perseverance are exercised. There are also so many unforeseen and unknown circumstances incidental to a case of chronic disease during its treatment, that it is altogether impossible for the most skilful physician, even when well acquainted with mesmerism, to *undertake a prediction as to the time which will be consumed before a mesmeric cure can be accomplished.* This difficulty is not peculiar to mesmeric treatment; the prediction of a cure in chronic disease as to time, must necessarily be as difficult or impossible if any other treatment or method of cure be adopted. A physician or surgeon may safely venture to assure a patient that he will either cure or kill him in three months; but to promise a cure unconditionally in a specified time can scarcely be honest because it is not possible.*

A disadvantageous circumstance connected with the mesmeric treatment of disease is, that frequently weeks and sometimes months will elapse before the patient experiences any decided improvement in the particular effects or symptoms of his disease. This does not discourage the experienced mesmeriser but it does the inexperienced patient. It is not always thus, nor generally thus; diseases frequently show symptoms of improvement on the first mesmeric operation and the

* The wise method of closing with such promises is for the patient to add the condition that no pecuniary compensation is to be paid unless the cure be completed in the specified time; this will test the honest belief of the promiser, whether he be routine physician, surgeon, or mesmeriser, and save the patient's purse if the promised cure be not obtained.

improvement steadily progresses; but if otherwise the mesmeriser may know that the case is still progressing to a cure. He may see an improvement in the general health of the patient,—he eats a little better, or sleeps a little better, or looks a little better; but the poor sufferer troubled by present distress cannot believe himself mending whilst his distressing symptoms remain unabated. Here the routine medical treatment often has a present advantage over the mesmeric. The routine treatment is directed to the palpable evidence or effects of disease; *mesmerism attacks the hidden and primary cause of it.* The one is a system of treating effects the other directs itself to the causes of effects. As examples of my meaning, there may be want of functional power in the stomach, and the patient be afflicted with dyspepsia and indigestion; there may be a torpid inactive liver; there may be constipated bowels; and these diseased states be caused by a primary disease not situated in the stomach, or liver, or bowels. The organs may be all healthy as to their structural character, but are deprived of that peculiar power or force on which the due performance of their function depends. This force is undoubtedly generated in the brain, and conveyed to the organs by their nerves. If the brain does not generate a sufficient supply of this peculiar force, or the nerves become unable to convey it, the organ suffers, but the fault is not in the organ; the primary disease, or cause of disease, is elsewhere. Spinal irritation, or some affection of the spine, is often the true cause of many diseases where the spine is not suspected of being concerned. If a functional disease of the liver, or stomach, or bowels, is treated according to routine medical practice, how is it generally treated? Mercurials are given to act on the liver; tonics for the stomach; purgatives for the bowels. These remedies are directed to effects, not to the primary cause; they compel the complaining organ

to exert more power and do its work—just as whip and spur compel a tired horse to put forth his remaining energies—but they only remedy the evil temporarily; when their action ceases the organ is more tired and worse than before. The remedies must be repeated again and again and in increased doses, or with increased power, or they will not produce the desired effect. If the primary disease is of a persistent character, these remedies do—and must eventually—lose their present efficacy; the nervous energy required to assist their action is taken from other organs which thus lose their proper supply, the patient becomes worse instead of better, the system is weakened, other organs become affected, and the general health suffers. When functional derangement is the result of some cause of a temporary character the remedy applied to the organ itself may be serviceable; it is the whip which compels the horse to trot up the last hill, or finish the last mile of his journey; but the whip never gives the animal any real strength. You cannot feed your horse with whip, or rest him with whip; you may get him to his stable by the use of whip when he can and won't work, but if the journey be very long and the hills very steep whip will not carry him to the end of it. He works as long as he is able, then fails, and is farther from reaching the stable than before. This is like the medical method of treating the effects of disease; at first it promises much; the physic acts and the patient is satisfied; the inconvenience from which he suffers is temporarily remedied; it is only on the recurrence of his inconvenience, and the remedy losing its power of relief, that he begins to suspect that it has not really cured him. The action of mesmerism is quite different. When a patient is placed under the general influence of mesmerism its effort and action seems to be to restore the harmony or equilibrium of nervous force which is deranged; where disease as to cause most exists, there does the mesmeric force determine. The mesmeric

cure is a radical cure but it does not always present immediate evidence of curing, as its action is on *primary diseases or causes instead of secondary diseases or effects.* Mesmerism cures causes and then effects cease being deprived of their cause. Routine treatment cures effects which return again if the cause is remaining. Whether my solution be true or untrue as to the reason, the fact remains that mesmerism may be applied for many weeks by a proper and efficient mesmeriser before the most evident symptoms of a disease cease to disturb or distress the patient, and then these very effects will almost suddenly be mitigated and the disease be cured. Indeed it often happens that a case remaining uncured after being mesmerised for some time will progress to a cure *after the mesmerism has been discontinued,* even although no other remedy be tried. I have had several instances where this has occurred in my own practice.

Certain diseases seem caused by the presence in the system of some morbid product which acts as a poison, deranging the functions or ultimately the structure of organs, and producing specific effects, as inflammation, fever, &c. Cancer, scrofula, gout, and small-pox are of this class, which includes many other diseases. The learner may ask will mesmerism cure these diseases? It will or may, undoubtedly, by invigorating and supporting the vital powers of the system and thus helping nature to accomplish that which she ever seeks to do—namely, to throw out of the system every thing detrimental to health and life. *Nature does this spontaneously* in numerous cases when no extraneous assistance of any kind is rendered. Mesmerism is a powerful ally aiding the natural method of cure; and diseases which can be cured naturally without assistance, may all be cured, and are likely to be cured by a proper application of mesmerism.

In diseases of this kind are drugs or chemicals admissible in conjunction with mesmerism? The

answer must depend upon the nature of the proposed remedies and the mode of application. If a morbid or poisonous secretion is positively known to exist in the stomach or bowels by all means eject it at once by emetic or purgative if possible; if it be in the blood, and the physician does know its exact character and also a re-agent which will enter the blood and neutralise it by forming an inert or harmless compound, by all means let him apply it. Whether the specific character or composition of morbid products in the living system producing specific diseases and the remedies which will neutralise such are yet known, is another question which physicians may settle; few will venture to decide this in the affirmative,—and until this be attained *the whole system* (unless the homœopathic system be an exception) of *administering drugs is necessarily* A SYSTEM OF EXPERIMENTS. It has already been said that all useless or mischievous experiments are to be positively interdicted in a mesmeric treatment; whether the exhibition of drugs falls within this interdiction must therefore depend on whether they will prove useful or useless in the case; it is the province of the accomplished physician to determine this question; but the only physician sufficiently accomplished is the one who truly understands the value and efficacy of his drug remedies and also the value and efficacy of the mesmeric remedy. Such a physician is the very man who should be called in to advise and direct the non-medical mesmeriser and no other should be consulted by the believers in and advocates of mesmerism.*

* The number of persons who fully believe in the reality and utility of mesmerism is exceedingly large; they are far more numerous than our opponent unbelievers imagine; but the majority are, unfortunately for the cause, a timid and retiring class. They patronise mesmerism secretly; they are afraid of incurring ridicule by coming boldly forward and avowing and acting on their conviction. Would they only pluck up courage and refuse to employ any medical man who is ignorant of mes-

The customary mode of applying mesmerism to the cure of disease is not a matter requiring any very extraordinary instructions. The mesmeriser must in all diseases which produce general disturbance of the system endeavour to get his patient subjected to the general influence of mesmerism. He must commence his treatment by trying to put his subject into the deep sleep by using the processes already detailed, and he should persevere day after day in his endeavours. He may mesmerise once a day or several times daily if he conveniently can. If he mesmerises once or twice each day the operation should always be repeated at the same hours, or as nearly so as possible.

The times of operating must be determined by the consent and mutual convenience of the parties; I am not aware that it makes any difference in the majority of cases at what hour the patient is mesmerised.

Do not mesmerise when your stomach is hungry, nor directly after taking a full meal. In one case you will not have strength to spare, in the other you will be depriving your stomach of the energy it requires for digestion.

Do not mesmerise your patient when he is hungry, particularly in early experiments. Hunger is a powerful antidote to sleep and all placid sleepy states. I do not object to mesmerise a patient who has just taken his dinner; I never saw it injure. People can digest as easily when asleep as waking. Mesmerism accelerates digestion; I have known patients actually awake from sleep when they became very hungry; the claims of the stomach were too strong for the repose of the brain. Mesmerism almost invariably is found to increase the appetite and digestive powers.

meric treatment, the medical class would speedily become converted. As a body, they are just as much traders for the sake of getting money as any traders in society, and their hostility would be relinquished when found really detrimental to their pecuniary interests.

If the mesmeriser must drink whilst operating his beverage should be cold water only. No wine or stimulants are allowable at the time. This is a positive and imperative rule. After he has finished his work a glass of good wine or sound home-brewed ale may do him good and cannot injure the patient, that is, if he is exhausted and requires it. A mesmeriser should take generous diet and sleep soundly at night, or he will neither mesmerise many patients nor mesmerise frequently without injuring himself.

The time which should be spent during each operation must depend upon the strength of the mesmeriser, the exhausting effect induced by the recipient, and the comforting or beneficial period during which the patient can bear the influence to be given to him. As a general rule the mesmeriser must cease to mesmerise as soon as he feels physical fatigue, or finds it no longer possible to keep his mind concentrated upon his patient and work. When his mind wanders and thoughts of other matters will intrude it is time to desist. He must always remember that his own state, both mental and physical, is more or less impressed by sympathy on the patient. When he is angry or agitated the patient will not be calmed. When he feels tired the patient can hardly be strengthened.

It is necessary on commencing a case that a considerable time be spent to subdue the patient. I have often mesmerised for an hour and a half without any interval of rest; strong effects were visible earlier but a decided state only obtained during the last half hour. This time is far too long for operating actively during subsequent sittings after a mesmeric state is established. Half an hour is quite long enough for an average mesmerising (the process or passes being actively maintained) when performed by average mesmerisers. It is much better that the patient be mesmerised twice per diem for half an hour each time, than once only for a whole hour. Many of our best mesmerisers limit

their time to fifteen or twenty minutes; and this time from a powerful and experienced operator will suffice to produce more effect than hours spent by an inefficient operator in the attempt.

Some persons are much more exhausting subjects than others. I have felt more strength taken from me by a delicate emaciated subject in twenty minutes than by others in an hour.

When spasms, violent pains, convulsions, or fits attack the patient during the operation, the mesmeriser must try to subdue the attacks and leave the patient comfortable before he desists. This may task his whole energy for two or even three hours and the work then becomes prodigiously hard work. These are unfrequent and extreme cases, and a draught of ale or glass of wine might then be allowed the operator, provided cold water is not sufficient; the latter has always served me very well but that is not a reason why it should be sufficient for every one else. Mesmerisers who possess strong mental power will always get enough stimulus from their own brains, persons who are deficient in this power may require the artificial stimulant in an extreme case of long-continued work, these persons may make good mesmerisers but they are not enduring ones.

With some patients it will be found that a limited amount of mesmerism is comfortably and pleasantly endured; after a time they become over-heated or agitated, or convulsed with nervous twitches: then desist—they have had sufficient for that operation.

When patients complain of a headache being produced, demesmerise the head and mesmerise the legs and feet by drawing-off or negative passes; you will soon relieve the head by this method. If on the next occasion the headache comes again let the head alone, —it is no business of yours to make the patient's head ache; mesmerise the trunk and limbs only. If mesmerising the limbs causes headache that is your fault, —you are mesmerising with too much energy; re-

move to a distance, act quietly, employ the negative method, and you will not produce this effect. A sense of weight on the head and over the eyes is not a pain in the head. If the patient only complains of a sense of weight on the head and pressure on the eyelids go on you will put him to sleep. When he sleeps, leave him to sleep the weight off again; or if he awakes with it, remove it by demesmerising his head and drawing it down to the feet.

As a general rule when a patient has been mesmerised, before you leave him he will require to be demesmerised should he complain of being drowsy, or powerless and weak, or of any other unpleasant symptom which has been caused by the mesmerism. If he sleeps and awakes spontaneously and feels quite comfortable there is no necessity to demesmerise him.

When your patient sleeps on being mesmerised there is no need to continue making passes all the time whilst he sleeps. Mesmerise him for a quarter or half of an hour, then leave him alone to sleep away the effects, always taking care to ascertain that he can bear your absence and that nothing disturbs him. Do not ask his permission to go away but go silently, leaving a friend to watch how the patient bears your absence; do not leave the house until your friend informs you that the patient has never moved or been disturbed, or seemed to miss you. If you ask your patient to let you leave him he may say, "Do not go, I could not be happy if you did;" and distress himself at your absence if you do not comply with his request to stay; whereas if you steal away quietly he may not know that you are absent, unless mesmeric attraction exist, in which case you should remain with him. The learner must not mistake a mere caprice or whim of the subject for a development of this kind of attraction. Go away quietly and he may not miss you, but if the attraction exists he certainly will, go as softly as you may.

The passes may be made at a distance of an inch from the person of the subject, or from that to three or four feet. I think the nearer the passes the stronger the effect; but you will sometimes more surely accomplish a desired purpose by persevering with the weaker effort, or acting at a moderate distance.

There are many diseases, as neuralgia or rheumatism of the nerves, tic-doloreux an acutely painful nervous affection, various rheumatic and gouty pains, nervous and convulsive paroxysms, fits, spasmodic attacks of asthma, headache, and other afflicting symptoms of disease needless to be enumerated, which have regular periods of accession and remission; they attack the sufferer at or about a certain time, last so long, and then remit until the return of that hour or some other regular period. The mesmeriser when treating any of these affections should carefully ascertain the hour of accession and mesmerise shortly before it. Experience has taught me the value of this plan. You may mesmerise day after day in some severe case during the attack with very little effect. Mesmerise the patient when easy, and the pain nevertheless returns next day at its accustomed period, although you may be persevering with your attendance. Commence mesmerising just before (as a quarter of an hour) and continue during the period of accession, it is likely that it may come but in a mitigated form, and in another trial or two be beaten away altogether.

When patients are suffering from pains or spasms and mesmerism is tried, it is very common for the pains to quit the original locality under the influence of the passes and follow the direction of the hand. In such a case it is a safe rule always to try and bring the pain out by the extremities, or from centre to circumference, and remove it as far as possible from the head and heart. The pain may sometimes fix in an extremity and require many operations before it can be altogether removed. A man may not like a

neuralgic or any other pain in his knee but he is better with it there than in his head; a man may not like the gout in his toe but he may bear it with patience and even be merry under his affliction,—let him get it in his stomach and patience or merriment are hardly possible. I have designedly brought a toothache into the sufferer's elbow and left it there for twenty-four hours before I chose to remove it altogether.

Some of the older mesmerisers recommended that mesmerism should always be discontinued during a particular period incidental to the female economy; I am not aware that modern mesmerisers attach any importance to this recommendation. However, female patients who are sleep-wakers and directing for themselves, frequently desire that the mesmerism be omitted during their period. The operation of a powerful male mesmeriser usually accelerates the appearance of the catamenia; but I have in many instances known the same mesmeriser suddenly cause a cessation if he mesmerise during the period, whilst the same patients have not experienced this effect from a female operator. Again, other patients will bear the influence of a male operator during the whole period, without any inconvenience being experienced. Hence it appears that there is not any general rule, the circumstances of each case must guide the treatment; but it is a matter of importance that certain precautions be observed when a lady mesmerises a lady regularly. Some suffer much from pains in the head, back, and lower abdomen at such times, and if this be the case with the mesmeriser the patient is not unlikely to participate in the suffering. Again, the general state of one is impressed sympathetically upon the other, and therefore the mesmerism must be intermitted under certain circumstances connected with these periods, or a gentleman or some other lady must go on with the cure for a few days. If the periods of both parties coincide, and either of

the parties have menorrhagia, the lady mesmeriser should not operate until the circumstances have passed. Again, should the patient's period cease just as the mesmeriser's commences, the mesmeriser should be changed. In many cases where this happens, it will be found that the *patient's period will return and continue until the mesmeriser's ceases.** This effect will be exceedingly debilitating to the patient, hence the necessity of providing against it.

We may assume as an hypothesis, that when we mesmerise we impart some of our own healthy nervous or vital influence to our patient and displace or drive out of him some of his own unhealthy influence, and that we must not leave this unhealthy influence as an external atmosphere about and without him, lest his system attract it again; we must therefore draw it quite away from him, throw it away, and disperse it. We cannot establish this hypothesis. It may or it may not be true; but it is always prudent to conduct ourselves as if it were the fact. When acting to remove this supposed bad influence from our patient we must be careful to throw it from us, and not to throw it upon any other person; if this precaution is not observed we may contract or give to another person very unpleasant and striking symptoms of the patient's disease. I have very frequently taken, unintentionally, the symptoms or pains which I have removed from a patient; they did not remain long because I suppose my system was not predisposed to them—my own vitality threw the diseased influence off again; but I have known this kind of influence remain with others. As examples of this fact I will adduce an instance or two from my own experience.

I one evening called upon a worthy old farmer,

* This has been constant and invariable as far as my experience goes. I also had a patient in whom this occurred at any and every time whensoever any female operator mesmerised her.

who was seated beside his fire conning over the newspaper; his niece was sitting opposite to him applying a smelling-bottle to her nostrils, and complaining of severe headache. I at once offered my services to relieve her from her malady which were accepted. I placed her in a chair in the middle of the room that I might have space to separate my hands and throw off the pain, stood behind her and drew my hands from her head right and left. In a few minutes she said the pain seemed to be leaving her. I requested her to be silent and continued my work. Presently the farmer exclaimed, "Halloo! neighbour, what are you doing? I have got a headache come; and have not had one for this thirty years before." He was seated in a position directly in a line with my right hand when thrown off. I smiled, went to him, demesmerised his head and removed the headache, then altered my patient's chair, and cured her without causing her uncle any more inconvenience. He was not a fanciful hysterical girl, but a sturdy farmer upwards of seventy, and one rather disposed to laugh at "any such mesmeric fancy as this." One instance proves nothing; I will add others. A lady one day requested me to come and cure her son-in-law's nurse-maid of tic-doloreux. The poor girl had been subject to it for several years, had taken medicine, had applications to the teeth, and been salivated until she had not a sound tooth left in her jaws. She had been tormented by this attack for a fortnight, and been under the care of two medical men, one of whom had scarified her gums pretty freely (not knowing how to relieve her), but all without any advantage gained. The lady, who is an intimate friend of mine, had declared that she believed I could cure the girl; and when the latter became so tired of suffering that she talked of throwing herself out of the window to obtain a final cure, her master sent her to the lady's house with a message "That if her wonderful friend could cure the girl he was to do it and the girl

was not to return until she was cured." I mesmerised her the first time on a Friday evening and sent her back cured on the following Sunday morning; but it certainly was not an easy case, although three mesmerisations cured it. During the first operation, at the expiration of half an hour, the pain which had been most acute suddenly ceased and the right side of the face and gums rapidly swelled. The tumefaction continued increasing until the middle of the night, when the tumor spontaneously opened and discharged nearly a pint of clear fluid, which deposited a considerable white coagulum on standing a few hours. I do not know if this patient's tic has ever returned, it had not done so several months afterwards. The first time I mesmerised this patient, the lady in whose house she was, felt curious to see the method of treating the case and seated herself in a chair placed nearly behind me; consequently, as I drew my hands over the patient and threw off the influence it was directed upon the lady. When I had finished she complained of having the face-ache, a pain she had never been subject to; it attacked her whilst I was mesmerising Harriet, and remained troubling her for several days, until I proposed to mesmerise this new sufferer, and cured her by the operation. On two subsequent occasions this lady was present, hovering about me whilst I cured a member of her family of tooth or face-ache, and on each occasion she took it, and kept it until relieved by being mesmerised, though never troubled with it at any other time. I have had many analogous cases. When I resided in the country I had an attached but humble companion (now deceased) a spaniel dog, who was often present when I mesmerised John Burton, a poor labouring man whom I cured of most excruciating pains in the head, probably neuralgic. This poor man always made me feel ill whilst I mesmerised him, and caused me slight pains and an exceedingly distressing sensation in my own head, which lasted the remainder

of the day. When I have felt myself charged, or seemingly charged with his diseased influence, I have tried to rid myself of it by mesmerising the dog. In every instance (twenty at least) when I did this the dog was ill for a day or two afterwards. He was often received as a parlour guest, and the matron of the establishment, who frequently joined me at breakfast, petted him. Next morning after he had received one of these doses she never failed to notice that he was ill,—"Mr. Barth, that poor dog is not well, you should give him some medicine." I would reply, "Cut the meat off that chop, madam, and give him the bone; that is the proper medicine for a dog." When the bone was proffered he would smell it, and sneak away and lie down in a corner; neither meat nor milk would tempt him; he would only drink water. The cook would address me with "Poor Toby can't eat his dinner, sir." If I took up my gun and invited Toby to accompany me, he frisked about and followed a little way; by the time we were half over the first field he dropped his head and tail and went home. I could not induce him to follow me; the poor dog was ill, and showed it as plainly as a human being could have done. A sick dog is not a subject worthy of a place in a book, but a dog made sick by being mesmerised after a sick man is a subject quite deserving notice by any medical philosopher. I mesmerised this dog many times when I was not charged with diseased influence, and never saw him made either worse or better by it, but whenever I mesmerised him after Burton he was ill; the mesmerising and his illness certainly appeared to follow strictly as cause and effect. I have seen epileptic dogs, but I have yet to learn that dogs can be affected, as medical sceptics say hysterical girls are, merely by the force of imagination. To these remarks I may append useful advice to the inexperienced mesmeriser. He should not after mesmerising a sick person immediately commence operating on another; he should wait awhile,

go out into the fresh air, and carefully wash his hands and face previously, that he may rid himself of any diseased influence.

Brisk purgative medicines are frequently mischievous in mesmeric treatment. When the patient suffers from habitual constipation an effort should at once be made to discontinue their use—the tendency will never be overcome whilst purgatives are used. Let the patient make up his mind to be inconvenienced for six or eight days, be cautious in his diet, eat food likely to assist him,—as stewed prunes, dressed fruit, coarse unfermented bread with the bran in, and drink every morning a tumbler or two of water strongly mesmerised with the intent of producing the required effect. I have often known success attend this plan after a few days' trial in stubborn and long-standing cases of habitual constipation. When an aperient must be taken, it should be some mild and simple laxative; and if repeated, the doses should be reduced (if possible to obtain an effect thereby) until they can be omitted altogether. A patient regularly mesmerised may bear this reduction when another patient could not. It is generally advisable for all patients to drink freely of water *well mesmerised* by their accustomed mesmeriser at meals or during the day.

It is exceedingly common when we mesmerise patients, to find old slumbering rheumatic and other pains suddenly awake and become troublesome. This is always a good symptom; it may trouble the patient, but it should give the mesmeriser no other trouble than a determined endeavour to remove them. If he has not the pains himself, and has not taken them from one to give them to another, a cause for them must have been existing in the patient's system, therefore to bring them into activity is the first step towards curing.

I shall say but little about the sensations which mesmerisers experience when operating on diseased persons; they must be felt before we can expect

credence in their existence, and are only to be understood by being felt. When mesmerisers are gaining experience from constant practice they are educating their sensibility, and learn to appreciate slight sensations which the inexperienced might not notice. These sensations will often indicate to the mesmeriser the locality which is the seat of a disease. I do not think they will enable him to determine the precise nature of the disease, but it is still useful to pay attention to the sensations. When removing pains and aches the mesmeriser frequently feels pain or some such sensation follow his hand in certain directions, and he loses the sensation if he draws the hand in another direction. This will guide him to the direction in which he may draw the pain out of the system. When he feels it, he must continue to feel it until it be brought to the extremities and thrown off. If he loses it he must go back and find it, and draw it away in another direction. A mesmeriser may try to draw away pain for half an hour without success in one direction, and find a dozen passes remove it if made in another direction. Hence the necessity of paying attention to every seeming trifle which may be enlisted as an indication of the best method.

When a local disease is accompanied by general disturbance of the system, whether it be a cause or an effect of that general disturbance, we must apply mesmerism to the system generally—local mesmerism will not be sufficient to cure. We should mesmerise generally and locally, by first mesmerising the patient to sleep if possible and then mesmerising the diseased place.

When the affection is entirely local and does not affect the general health, it is not often necessary to put the patient under the general influence. For an ordinary toothache, or headache, slight burns, chilblains, inflamed eyes, cuts and bruises, and all ailments of a similar character, it will be sufficient to apply the mesmerism locally.

Direct the action at once on the diseased place, by pointing or holding the palm of the hand over it, and then try to attract or draw away the pain to the nearest extremities and throw it off with a jerk. If you feel any sensation of pain or heat, or tingling in your hand or fingers, attend to the hints just given about continuing to feel it. If there is any disorganisation of tissue, as from a burn or bruise, a little positive influence may be applied to the part after the pain is drawn away, to restore its tone and produce healthy action.—To take away a headache, stand before or behind your patient, hold the palms of the hands over the seat of the pain, and draw it off. If the pain is at the top, draw it away by the side; if at the side or back, draw away to the neck and off; or use demesmerising passes with the palms of the hands over the head generally, until the pain abates; or mesmerise the feet thoroughly; if caused by indigestion, mesmerise the stomach.—All unhealthy sores, which are merely local, may be speedily cured by pointing the fingers over, or moving them with a circular motion over, or making short passes over. If they are not speedily cured by local mesmerism the patient must be mesmerised generally.—Inflamed eyes are easily cured by local mesmerism, when caused by cold or some local action. If the affection is from constitutional disturbance, general mesmerism is of course indicated.—For slight deafness, or dimness of vision, local mesmerism is sufficient. When these affections are severe, local and general mesmerism must be used. Breathing warm air from our lungs into the ears often speedily relieves pains in them, and temporary deafness. It is a powerful way of mesmerising locally; although it removes the effects of passes it also removes diseased conditions of the nerves by restoring them to their normal state. (There is no contradiction in this,—the passes often producing an abnormal state;—they cure a persistent abnormal state by inducing an abnormal state of a temporary

kind.)—For sprains in the limbs, or "cricks" in the neck, we may make the passes in contact by friction, but all in one direction.—For cramps or spasms, either internally or of the limbs, there is no method so efficacious as by placing a folded handkerchief above the part and breathing powerfully and with long and deep expirations on it. We must apply the lips closely, and try to force the warm air through the pores of the skin, and rather above than on the part that we may drive the disturbance downwards.—The distressing morning sickness incidental to pregnancy may be prevented by making a few strong passes from the head and over the abdomen of the patient, before she rises from her recumbent position; I have never known this fail.—Hiccough may be generally cured by similar means.—Feet and hands habitually cold and subject to chilblains, may be relieved by an occasional dose of local mesmerism with strong passes.—It cannot be necessary that I should say more of the ailments which may be relieved by local mesmerism nor of the methods of application. I have said nothing which is a deviation from strict truth. The application is so simple, safe, and easily practised, that any healthy person in the family may do it; and so efficacious, that if all the domestic medicine books ever published and all the domestic medicines ever compounded were put together, they would fall very far short, as agents for domestic utility, of this natural and easily-attainable domestic remedy.

Sores constantly discharging, whether behind the ears or elsewhere, must not be stopped by local mesmerism; they are frequently issues set up naturally to relieve the system. I one day mesmerised a little boy's sore ear to cure it; the sore dried up and was healed next morning; but the succeeding morning he had a discharge from the eyes. Such sores must be treated by general mesmerism.

When the learner mesmerises a patient for a disease

requiring his being placed under the application of the influence, he must not direct his influence to the head alone, but persevere by long passes made slowly; he must act as if he has the power of removing from the patient a diseased influence which he can draw away from him by the negative process. This is always a safe rule whatever the disease be. In many diseases the head is affected, either directly or from sympathy, and the patient cannot bear mesmerism strongly applied to the head to commence with,—the passes must be made for many operations only over the trunk and limbs; these passes may soothe him into sleep, when action directed to the head would have the effect of exciting and irritating him to such a degree that sleep would be impossible. We must never persevere to mesmerise the head only in the hope of eventually getting our patient to sleep. I know from experience that in all nervous diseases attended by low spirits, irritability, fits, or convulsive action, the less the operator meddles with the head the better it is for the patient.

Fits, whether epileptic, hysterical, or of whatsoever kind are most distressing afflictions, and are very rarely cured by any means of a purely medical character. Mesmerism is a successful remedy for fits,—but no diseases give so much trouble to the mesmeriser and require more care and assistance from the sufferer's friends. Fits rarely exist without disturbance more or less of the cerebral organs of the patient, and all external circumstances which produce cerebral excitement tend to produce and perpetuate the fits; thus the patient requires judicious moral as well as mesmeric treatment, and the latter may fail to cure solely in consequence of a neglect of the former. If your patient be subject to fits it is exceedingly probable that the mesmeric application will bring on a fit. The patient's friends should be warned of this possibility, and cautioned not to interfere with the patient during the fit, unless the convulsive efforts are so violent that the

patient must be held, or if a temporary state of mania which requires restraint succeeds. If a fit comes on put the patient on a sofa, or the floor, and stand or kneel beside him and continue to mesmerise. If you are tired wait until the patient becomes quiet and then try to mesmerise him. You must not expect to produce any decided effects during the severity of the fit, but you may shorten its duration and lessen the amount of distress which often follows the attack. If the fits occur periodically remember the suggestions about periodic accessions. If the attacks are distant the patient should be mesmerised daily and also immediately before the anticipated attack. An experienced mesmeriser may sometimes prevent a fit when he sees it approaching but it is not considered judicious practice, it is "putting off the evil day,"—it is better to let it come and conquer it. One method is like the palliative system of the allopath—the other like the aggravation of the homœopath. In some cases the fits become less frequent and less severe under the treatment until they finally cease; but when they are brought on by the mesmeric action we may calculate on a more speedy cure of them.

When patients pass into deep sleep and require long sleep they may be mesmerised at night after they retire to bed. I often practise this in my own family. Servants and many others have not leisure to sleep long sleeps. We can accommodate them in this way, but must remember that in case of fire they could not aid in their own escape; nor is this plan safe for sleep-wakers, unless placed under the care of a prudent bed-companion whose contact and company does not distress them.

Patients frequently enquire if their clothing makes any difference in the transmission or reception of the influence,—are certain fabrics non-conductors of it? I am satisfied that the clothing does not stop the passage of the influence although it may be modified

thereby. If we would understand mesmeric influence by comparison with other imponderables we must rather choose magnetism than frictional or voltaic electricity as its analogue. The magnet attracts the needle through glass, silk, and all other non-conductors of electricity as readily as through conducting substances. Still I would always advise that when local sores are mesmerised they be mesmerised without the intervention of any covering, and that patients be rather clad in loose wrappers or morning dresses of light colours and thin fabrics than in heavy dark-coloured materials. The majority of my patients have always felt the influence from my hands like a cool wind blowing upon them; they feel it immediately that a pass is made where there is no clothing, as the head, or face, or neck; it requires several passes to make it sensibly felt through the clothes, and where the clothing is very thick and bulky (as in some parts of a lady's attire when mesmerising down the spine) a great many passes must be made before the influence is felt. It appears to me that the clothing must become saturated before the full effect is perceptible to the patient. Patients should be clad as far as comfort and decency require; more clothing than is necessary may or may not be disadvantageous, but it certainly cannot be advantageous and is therefore better dispensed with.

I may as well hint that during mesmeric sleep the secretions are often stimulated to increased activity; the kidneys become particularly active. When a gentleman mesmerises a lady he should not forget this, and as ladies are very modest he should make an excuse to retire and leave his patient with a friend or attendant of her own sex as soon as she is awakened.

I have endeavoured to give in this and foregoing chapters all necessary instructions to guide a non-medical mesmeriser to a prudent application of the power; I have not attempted special directions for treating each kind of disease; the circumstances of

each individual case must guide the mesmeriser in its treatment. I avoid filling pages with details of my own success in the cure of diseases, because it would rather increase the price than enhance the value of this little Manual, and be following a bad example, common in the medical profession, of advertising cures in a book to puff up a reputation for skill. Where I have introduced cases in my own experience, they have been presented rather as examples of particular phenomena than of my own power of inducing them.

I may sum up by stating that mesmerism is especially applicable to cases of insanity and purely nervous diseases, as there is scarcely any other means of curing. That it cures diseases of function in all organs and of whatsoever character. That it cures morbid formations or enlargements—as effusion, polypus, and various tumors. That it cures diseases of structure—as softening, hardening, thickening, contraction of tendons and muscles, and other changes of substance. That it cures displacements arising from relaxation or loss of tone in parts—as uterine prolapsus and diseases of a similar character. *That it is not necessary for a mesmeric cure that the patient should sleep; if he sleeps it is well, it will save the operator much labour; the practice of the most successful mesmerisers is to commence operating at once for a cure, avoiding the attempt to induce any special phenomena, sleep is one of them; they accept it gladly if it comes, and it will come if needful and proper for the patient. Nature knows better than the operator and does that which is best for the patient.*

DIET.

As mesmerism stimulates the functional powers of the stomach and system generally, patients frequently crave and actually require a larger amount of food than they have been accustomed to previously to commencing mesmeric treatment; this increase they may generally be allowed but common sense and common prudence must dictate the nature and quality of the food; and common sense must convince us that such plain viands, properly but simply dressed, as are capable of affording the greatest amount of nutriment when digested are the viands most suitable for our patients. However, in order that food should afford nourishment, it is *essential that it be properly digested;* some persons' organs are so capricious that they will easily digest and assimilate the food which might be supposed unwholesome, and be overtasked by the effort to digest such food as is usually considered most suitable for invalids. We must therefore be rather guided by experience than by any fixed or arbitrary rules; if patients eat anything which disagrees with them they are fools if they eat it again. Excessive drinking of stimulants, or smoking, snuffing, and other bad habits must be abstained from. Mesmerised water is the best drink; coffee should generally be avoided; tea, cocoa, milk, sound malt liquor, or good wine may be allowed in *moderate quantities* where patients have been accustomed to their use; and may be also mesmerised with advantage to the patient before being taken.

THE PRUDENT MANAGEMENT OF CLAIRVOYANTS.

I do know that certain persons when mesmerised and in the sleep-waking state, have the faculties of clairvoyance, intro-vision, medical instinct, and can also see that which is past, and sometimes foresee that which is to come. I believe that certain of these faculties may be used for purposes conducive to the welfare and happiness of mankind, and therefore the use be morally justifiable. We may obtain from a good clairvoyant immediate information of the health and welfare of a dear relative or friend who is absent and distant from us, in whatsoever part of the world that person may be. I cannot see why it is not as allowable to obtain such instant information through this channel as by the electric telegraph. We may use the faculty of clairvoyant intro-vision to obtain a knowledge of the state and appearance of the internal organs of a sick person, and of medical instinct to discover what disease affects them and how it may be relieved or cured if curable; and we may thus obtain more certain and useful information in the case than could be afforded by the whole London College of Physicians, if they met in conclave to debate and decide thereon. When the clairvoyant can give us better information than the physician, I see no sin in obtaining such information from him,—he is a physician *pro temp.* If we seek to know by the clairvoyant faculty what our next-door neighbour is doing, or to intrude on the privacy of any one from motives of idle or mischievous curiosity we abuse the faculty. If we seek to discover the future,

we may obtain as much information as will satisfy us that such power does exist; if we call forth and act on the sleep-waker's predictions in every-day matters, we may be so far misled as to teach us that it is not a faculty given or intended for such application. Clairvoyants' prophecies are seldom worth much unless when they are given without being sought for.

When the patient, on a second or third operation, (having slept once and the sleep being renewed each time) continues sleeping quietly, if you wish to ascertain his state, address him in a low quiet tone of voice, or a whisper, and enquire if he is comfortable,—if he knows where he is,—and who you are? If he takes no notice of your question, and is insensible to your touch or a gentle pinch, or a tickling, he is probably in deep sleep and does not hear you,—the talking is all your own; the conversation cannot be very interesting; you need not continue it. If he attempts to speak and cannot, but shows by the expression of the face, or by signs, that he understands you, demesmerise his mouth by a few transverse passes, and excite his organ of Language by gently resting the tips of two fingers on each eyelid over the centre of the eye; then address him again and he will probably be able to answer you. When your patient speaks to you and has no memory of having spoken after being awakened, he is a sleep-waker; it does not follow that he is in the perfect or lucid state, or that he has clairvoyance, or any faculty in this state superior to his customary waking faculties; the faculties which he has may be imperfectly awakened or developed and he may talk incoherently or mistake his position and present circumstances. This is quite common with persons when first they pass into sleep-waking; their ultimate state is only attained and perfected by a frequent renewal of the mesmeric state. The mesmeriser will judge of his patient's state by the replies which he obtains. I always enquire from my sleep-wakers if they are in the light or the dark. If

they say they are in the light, or see a bright light, they are in a greater or lesser degree capable of reasoning and useful conversation; if they reply "in the dark" it is useless to ask many questions, they cannot have many useful mesmeric perceptions whilst in mesmeric darkness. We may, when they are in the light, next enquire if our conversation fatigues them, ask them what they see, and persuade them to examine themselves and tell us what it is that ails them. In this state they may have a perfect memory of all that which has occurred in their natural state; we must therefore take care not to be deceived by the operation of their memory. When we enquire from a patient about his disease he may at once reply that he has some disease, perhaps a disease of the heart. We must not accept his reply as the truth but ask how he knows that this is the case. He may say, "Oh! very well, the doctor who attends me says so." This may be right or may be wrong but it is not the information which we require, he is speaking from his memory not from his sleep-waking perceptions. If he says he knows it because he sees his heart and understands what is the matter with it, we may make a few more enquiries which will confirm us in a belief of his truth, —our patient then has intro-vision and medical instinct. If conversation fatigues him and he requests us not to disturb him we should comply with his wish, excepting that we might put a question or two about himself and his disease or if he can be cured and by what means. We may also enquire if we should awaken him, or if he will awake without our help,—and if we are to arouse him how long he must first sleep,—how long he will sleep if left to awaken spontaneously,—when he should be mesmerised again,—if he can tell us how to mesmerise him. These questions are allowable to be put because they are intended for the patient's good; it is extraordinary how correctly mere somniloquists, who have very little clairvoyant faculty, will inform us

about these matters. Should the sleep-waker not object to converse but reply to us readily and declare that talking does not hurt him, we can at different times test his powers, remembering that he has a primary claim on their use for his own benefit, and that we must not urge him to exercise his powers for others, or about indifferent things, or idle matters of experiment —unless he enters upon the investigation spontaneously. Patients in whom the true faculty of clairvoyance is developed seldom require urging to use it; they begin talking and telling you what they see, or *where they are*, for many speak as if they were really present in some distant place, or with some distant person. Mesmerisers frequently lead them to distant places by imaginary coach or railway,—saying "Now we will go to such a station, tell me when we are there; now we will go to the next station,"—and so on until we lead them mentally to a place which they have not seen, and this place they will then describe correctly with the circumstances which are there occurring at the very time. This exercise is called "mental travelling." When true clairvoyance, or mental vision, or spirit vision—call it by whatsoever name we may—is presented by our subject, it greatly depends on the management of the mesmeriser whether this faculty shall be perfected or perverted. Mesmerisers should use the faculty in a confiding spirit of belief; they must not stay to enquire and ascertain if it is possible,—they must be careful how they make, or permit others to make, testing experiments. Should the mesmeriser remind the subject that he is not where he supposes but sitting in such a room under such circumstances, he brings back the subject from his clairvoyant perceptions, and may thus spoil his clairvoyance. If you succeed in persuading your clairvoyant that all which he sees is merely a mental hallucination—an imaginary vision or dream—you may destroy his clairvoyance by causing him to doubt himself and his own perceptions. Clairvoyants

who have been often mesmerised understand their own state and refuse to answer questions which they perceive to be asked from no other motive but that of testing their truth, or from idle or impertinent curiosity; with clairvoyants new to the state the case is otherwise,—they are lost in wonder at their own powers and do not understand them; they must be encouraged, kindly admonished to be very sure of the truth of that which they state; and when they appear by one statement to contradict another be requested in a kind gentle manner to explain the seeming error and try to discover which is truth and which a mistake. As much difference frequently exists between the educated faculties of an experienced clairvoyant and the new faculties of an inexperienced one as exists betwixt the faculties of the child and the man. All human intelligence is progressive; the possibility of advancing to something better is the stamp set by Divine Omniscience on the capability of human intelligence. The state of a clairvoyant is not a state excepted from the operation of the universal law; clairvoyants are human beings; their faculty is an extraordinary but still a human faculty, and subject to retrogression or progression like every other human faculty; *the perfection of the faculty therefore must depend upon the care which is taken to nurse and foster it.*

The only way in which the mesmeriser can guard the faculty from injury is to avoid using it for idle purposes; never show it at all to an unbeliever in its existence, and never urge the subject to exert his power when he declares himself unable or unwilling to do so. Be careful that no other person than yourself ever mesmerises your clairvoyant, and never excite his phrenological organs or make him a subject for exhibiting other mesmeric phenomena. Consider the faculty a special one granted to man by the Divine Providence for use and instruction, and that it is a profanation of this "gift of God" to call it into exercise

merely to amuse a parcel of idle curious people. Show a clairvoyant to a promiscuous company and hear the questions put from all sides :—"Can you tell me what I have got in my pockets ?"—"What am I holding up behind you?"—"Where was I last night at eight o'clock?"—"Who did this letter come from and what is it all about?"—"What is the matter with my inside?"—"Is the moon inhabited?" The clairvoyant may be anxious to satisfy every querist but it is beyond his power to do so and the attempt injures that power which he does possess. The clairvoyant is not responsible for this abuse of his faculty, but the mesmeriser is; the company do not know the gift which they are profaning, but the mesmeriser does or ought to do so. If he wishes to convince unbelievers let him exhibit other mesmeric subjects; let him show the cures he has made and teach how useful the power is. As, unfortunately, we cannot restrict mesmerism to those alone who are capable of using it properly, we must be content with warning young practitioners of the mischief they may unintentionally commit.

Though I advise the mesmeriser to use the faculties of clairvoyant sleep-wakers in a spirit of confiding belief I do not tell him to neglect the dictates of prudence and common sense. If the sleep-waker directs any remedial measures as to diet or exercise which are rational and safe let them be attended to; if he prescribes medicine for himself or another, the non-medical mesmeriser must ascertain the properties of the medicine and if the dose is a safe and proper dose before it be administered; if the measures or medicine recommended be manifestly dangerous it would not be prudent to rely implicitly on the sleep-waker's instructions. Dangerous remedies are often prescribed by physicians with a successful result but it is the physician alone who is competent to order or sanction the use of a dangerous remedy. Let the clairvoyant be consulted again and made acquainted

with the scruples suggested by prudence; if he still insists on the necessity of the proposed remedy, and there is reason from a knowledge of his former success to place confidence in the fidelity of his instinct or perception, obtain the sanction of a qualified practitioner of physic who understands mesmerism, and then administer the remedy, taking care that the most minute or seemingly trifling instructions of the clairvoyant are strictly attended to. Do not venture upon a part of his directions and neglect the rest; choose whether you will adopt or not adopt, but follow all or none.

Clairvoyants are seldom equally lucid on every occasion. I have no patience with mesmerisers who assert that a thing positively is so, and must be so, because "my clairvoyant asserts it and cannot be wrong." Disturbing influences which we understand are known to derange lucid clairvoyance; but there may exist many sources of disturbance which we do not appreciate and cannot therefore detect when in operation, and errors be caused thereby. The thoughtless and bungling manner in which many mesmerisers manage their sleep-waking subjects becomes a fruitful source of error. When mesmerisers are possessed by a spirit of curiosity which seeks to be gratified regardless of utility, and desire a clairvoyant subject to look at and reveal the past, to explain all manner of things connected with the present, and to prophesy or predict the future,—that subject, if he tries to comply with these requisitions, will *soon lose his lucidity;* he will lose the power of discriminating betwixt the past, the present, and the future. Images or impressions of the past will appear as if they belonged to the present, as will also the future,—and his faculty will be lost in a sea of perplexities. His efforts to see those things also which are not spontaneously evident to him may excite his ideality or imagination, and thus mental hallucinations become mixed up with clairvoyant perceptions. Many magnetisers look upon clairvoyance in a serious or

religious spirit, as a blessing granted to man for the use of his fellow-man, and assert that the privilege is only permitted to remain whilst exercised for some good and charitable purpose; and that if it be perverted it is soon withdrawn.

A clairvoyant should be *interrogated by his mesmeriser only* and should never *be left with strangers during his absence.* If the mesmeriser must quit he should first awaken his subject.

Let the young mesmeriser be guided by these hints when he has the good fortune to make a clairvoyant and he will not run the hazard of destroying the value of his faculty, for the clairvoyance of a subject who is not habitually truthful is of no value at all. The subjects who would not be guilty of untruth wilfully, may be led into the habit by persons inciting them to attempt that which their faculty does not accomplish easily, and they may thus be deceived by their own imagination; or their love of approbation and vanity may if stimulated lead them to say things which they know to be untrue, rather than confess themselves incapable of doing that which is required.

Some clairvoyants can only exercise their faculties on persons who are present with them; some can see parties at any distance if they are provided with a lock of hair, or some article which the person sought has worn; and some few can find any living person on any portion of the earth's surface in a few minutes, if the name of the person is given with his address or some particular to distinguish that person from others of the same name.

ON MESMERIC OPERATORS.

Those who are seeking to be informed about mesmerism as a curative agency, frequently enquire who are the best operators—whether males or females—dark persons or fair—young or old—if the ignorant and animal or the educated and intellectual should predominate in them—if mesmerising injures the operator—how many patients one mesmeriser may operate on in a day—if females should always mesmerise females and males mesmerise males—if blood relations are more suitable operators than those who are not related—or if it be all a matter of indifference providing that the operator be only in good health? It is a duty to my readers that I should advert to these and many similar queries; if I give a personal opinion I give it not dogmatically, as though my knowledge was superior to that of others, but only as the conviction which a large practical experience (larger probably than that which falls to the lot of the majority of mesmerisers) has led me to adopt.

When a patient desires to choose a mesmeriser it is by no means a matter of indifference who is chosen; in many cases the selection of the operator makes all the difference betwixt a cure or no cure, or a speedy cure or one long protracted. No mistake is more detrimental to the success of mesmeric treatment than that which assumes it to be a matter of indifference who the operator is provided he be healthy. As a general rule males are more powerful mesmerisers than females; there is no general rule as to complexion excepting as it relates to temperament; the sanguine, the choleric, or any temperament in which they pre-

dominate are to be preferred to the purely lymphatic. Operators should be of mature age, as those who are not arrived at maturity will injure themselves; they should not be decidedly aged, or they may injure their patients. When infants or children are to be frequently mesmerised I would choose a young operator, and a female in preference to a male. In many nervous diseases the operator should have a mental and moral power superior to that of the patient—a will and mind capable of predominating over the patient's mind. There are also many diseased states of body produced or increased by a morbid or unhealthy state of mind, in which the more certain and complete the mental predominance of the operator the more certain and speedy will be his success in curing. As a general rule, and whensoever it can be obtained, I would advise that the superiority of mental power be rather in the operator than in the patient. A good mesmeriser must have a large development of both mental power and physical energy; a strong mind in a strong body will make a strong mesmeriser. The generality of servants and persons moving in their station in society have not the mental power developed which would enable them to stand in the proper relation to a patient superior in rank; they are little better than manipulating machines which require to be wound up, set a-going, and superintended by a competent mesmeriser. There are many diseases which such persons, if strong, healthy, benevolent, and determined to cure, will succeed in curing; but there are many more in which they will fail, the moral power being on the wrong side.

I by no means agree that each sex should have a mesmeriser of the same sex; in many cases the influence of a female operator will prove more beneficial to a male patient than any male influence; and there are many diseases incidental to females for the cure of which no female operator should be permitted to mes-

merise frequently. In uterine and mammary cancer especially this should be observed, lest the disease be developed in the female mesmeriser; a circumstance very likely to happen should there be any tendency to it dormant in her system. In treating such cases there is no process whatsoever needful which could reasonably offend true delicacy; there can therefore be no indelicacy in choosing a male operator. In a large proportion of cases there is hereditary tendency of constitution to certain diseases; when such diseases become active blood relations are not proper mesmerisers as they may share in this tendency. No mesmeriser should be selected if it be ascertained that he has, or there is in his family, any hereditary predisposition to insanity, gout, scrofula, cancer, or other disease transmissible by hereditary descent.

Patients sometimes feel an involuntary aversion to the mesmeriser who may be chosen, without being either able to give any good reason for it, or by reasoning to divest themselves of it—in such case the operator should be changed. Patients who are constantly trying new systems and changing their doctors seldom get cured, this remark equally applies to those who are constantly changing their mesmerisers. Those sufferers from long-standing chronic diseases who desire to try mesmerism for their cure, should first ascertain if a cure be possible or probable; they should then select wisely and well, and when properly suited keep to the mesmeriser chosen. Those who neglect to adopt this rule and subject themselves to the operation of incompetent or improper mesmerisers, or give up the treatment before waiting a suitable time for a successful result, *must not blame mesmerism for not curing their diseases; but blame themselves for half doing that which should either be well done or not done at all.*

In many cases a member of the family who is well may be found willing to mesmerise another member of the family who is ill; and such operator, if healthy,

may be very properly chosen. We must however remember always that if a person is so ill as to require mesmerising he is ill enough to have it *done properly;* there must be no *playing at mesmerism* allowed; therefore no person ignorant respecting mesmerism should undertake a case until he has either by reading, or if possible by personal instruction, acquired some knowledge of that which he is about to do, and the consequences or effects which will probably ensue. Whensoever it be possible *patients should always obtain the assistance of a competent and experienced mesmeric operator to put the new mesmeriser into the right way of operating, to give him confidence and encouragement, and to be ready at hand to advise him (if advice be required) during the treatment of the case.*

Some persons ought never to attempt to mesmerise; one patient a day might be one too many. A man may be tolerably well and have health enough for himself, but not any to spare for another. There are however persons naturally endowed with such a supply of healthy energy that they cannot be still; they must be in active occupation of some kind or they become nervous and irritable; these people may as well exhaust their energy by mesmerising as in any other way; and some of them will mesmerise a great portion of every day and a great many patients, and do this for years without exhausting their energy or impairing their own health. We may divide all men into three classes, as to health—those who are above par, those at par, those below par. Mesmerisers should belong to the first class. Persons should not practise mesmerism until their physical structure is fully developed; nor should matrons who purpose adding to the family; nor should any one when he feels tired or exhausted and has no strength to spare at the time.

APPENDIX.

I HAVE hitherto avoided speculation, being desirous of adducing phenomena capable of proof by facts, independently of any hypothesis formed to explain them. As a writer who has extensive and practical knowledge of the subject I may give an opinion, which though not evidence of the cause of these facts may assist in its elucidation.

I do believe that there is a mesmeric emanation proceeding from the mesmeriser which is imparted to and received by the subject or object mesmerised. That this influence is a portion of that power or force which is generated by his brain and by which the voluntary and involuntary functions of his organism are actuated and maintained. That this force or power is an imponderable, analogous to or resembling the force or active influence of electricity, galvanism, and magnetism. That the mesmeric power is communicable by direct transmission, and produces special effects as a consequence of its reception; and that effects may be produced by induction also (like states causing like states), without a designed transmission. That when effects are caused by transmission the mesmeriser loses that which he gives; when by induction, the effects are produced without sensible loss of power. That the influence by which the mesmeriser cures diseases is a vital influence,—a portion of that power which maintains his own organs and their functions in health and healthy action,—and when imparted to a patient it is capable of causing healthy action in his organs (the patient's), and thus restoring them to a state of health,—the influence of the mesmeriser subserving for the use of the patient. That induction may indirectly produce the like effects in a lesser degree, or diseased states may be caused by induction. That direct mesmerism by transmission is dependent on the operator's volition; that induced mesmerism is involuntary. That clairvoyants, and some sensitive persons in their waking state, do see this mesmeric influence, which they describe as a luminous emanation. That there is evidence of the existence of a *mesmeric influence*, quite as conclusive and satisfactory to all who seek for it as the evidence on which philosophers believe in the existence of electricity, galvanism, or magnetism. Clairvoyants say that they see the luminous influence about all persons who are actively engaged, whether designedly mesmerising or not. The influence of sick persons is dull and dirty looking; they have very little bright light about them. When they are mesmerised the operator's bright influence

displaces some of their dull influence and takes its place; and this dull influence hangs about the patient and operator like a cloud, unless the latter takes care to disperse it.

No subject connected with the philosophy of mesmerism is more important than a discovery of the relation of its active force or principle (which must be an imponderable) with other imponderables. Truly we know very little of the absolute nature of any imponderable; when we talk of light and heat, of electricity and magnetism, of attraction, we are only using terms to characterise and identify certain observed effects—the terms convey to the mind an idea of effects and not of causes. If we can show that a relation exists between the hidden cause of mesmeric phenomena and the phenomena of the imponderable forces, and that the application of electricity, galvanism, the magnetism of steel magnets, and other imponderable agencies whose existence is scarcely known, will produce like effects upon the human organism as those of the mesmeric agency of the human operator, we establish a relation between the imponderable mesmeric power and these other imponderable powers or forces, we prove that mesmerism is but a part of a universal whole, and place it in a position where philosophers will soon be compelled to acknowledge it. This relation has been discovered and established. Dr. Elliotson years ago showed that there were existing in metals certain occult forces which would produce specific effects upon the nervous system of sensitive persons. Dr. Ashburner proved by experiments that certain applications of electricity and galvanism would produce effects similar to those induced by mesmeric influence. Mr. Hazard of Bristol has put subjects into the deep mesmeric sleep by electricity. The Baron von Reichenbach, a distinguished chemist and natural philosopher, has investigated the subject and discovered a magnificent whole which connects them; he has proved that there is another imponderable force or power. This imponderable exists in magnets, in chrystals, in the solar rays, in lunar, planetary, and starry influence, in heat, in light, is evolved from all vitalised organisations, by all active electrical or voltaic combinations, by all chemical actions of composition and decomposition, by all mechanical action which disturbs any existing arrangement of the ponderable molecules or atoms of matter. Wherever there exists action there is this imponderable agent eliminated. Under the proper conditions for observation it is visible as a luminous emanation, and it is also ascertained that it is polarised, or possesses polar arrangements; it is communicable, conductible, and transmissible. Its action has a direct relation to disturbed vitality or the diseases of human beings, *consequently a knowledge of its action and laws is necessary to those who would undertake the cure of diseases*, and this is a part of the science not only of mesmerism but of

medicine. It may also, when the application is thoroughly understood, become a very important part. When we know how to accumulate and use this power of chrystals and magnets, called by Reichenbach *odic force*, we may be able to dispense with much human labour, and obtain the desired effects more certainly, by substituting the odic force of inanimate agents for the human odic force. The subject should be studied by all those who wish to understand mesmerism properly. As I have not space to give even a brief analysis of it, my readers must seek the information in the translations of the original work by Dr. Ashburner, published by Baillière; or of Dr. Gregory, the Edinburgh Professor of Chemistry, published by Taylor, Walton, and Maberly.

Is the mesmeric sleep precisely the same as the natural sleep? Can the natural sleep be deepened into true mesmeric? I cannot determine this question, but am disposed to think the two kinds of sleep are not identically the same. My opportunity for experiment has been limited, although I have tried it in a few cases. I have quietly gone at night to the bedside of my daughters and others, all susceptible and passing easily into the deep mesmeric sleep, when they were asleep naturally, and mesmerised them by passes. Instead of their natural sleep being deepened into mesmeric thereby, the effect has invariably been to awaken them and produce a state of wakefulness which deprived them of rest for the remainder of the night, unless I subsequently induced the true mesmeric sleep and left them in it. The result of these experiments has been widely different from that which I anticipated. I expected that when persons accustomed to be mesmerised were asleep naturally, they would be mesmerised even more easily; and that an advantage might be obtained over difficult patients by operating on them when passive and in a natural sleep. Instead of this the passes have aroused the sleeping person. My experiments having only been tried upon a few persons cannot be received as establishing a general result. I hope other mesmerisers, who have any opportunity, will repeat them and publish their experience. I asked one of the subjects (my daughter) when in lucid sleep-waking to explain this; her reply was, "I cannot explain it clearly, although I feel how it is; when I sleep naturally I sleep my own sleep, my very own sleep; when you mesmerise me I sleep your sleep; I cannot be in my own sleep and your sleep at the same time, so before I can go into your sleep you must bring me out of my very own sleep, and therefore your mesmerising awakes me."

Dr. Wilson, formerly attached to the Middlesex Hospital, had a large experience of the effects of mesmerism upon the inferior animal creation, and proved that birds, beasts, and even fish are as susceptible to the influence as human beings. His experi-

ments were published, and have been frequently repeated by others. I have often succeeded in placing birds (both wild and tame) in the deep sleep, and found, just as occurs with human beings, that some were susceptible and some were not. These experiments are exceedingly interesting and prove decidedly that the effects must be caused by specific influence, as imagination cannot be presumed the actuating cause.

I presume that all homœopathic practitioners of medicine are advocates of mesmerism, as Hahnemann the founder of their system was a mesmerist, and recommends its use for some diseases. It is a fact strongly corroborative of the truth of the homœopathic doctrines, and of the medicinal potency of the globules used in the practice, that many medical clairvoyants prescribe these remedies if they are permitted to feel them, and prescribe them correctly according to the established principles and practice of the system. All do not prescribe them, for some will insist on the necessity of a dose of the old-fashioned physic, or a bleeding or blistering; and many prescribe what are usually known as "old women's remedies." I am on terms of friendship with a medical clairvoyant (now the wife of a surgeon in extensive practice), who is one of the best homœopathists existing when in sleep-waking, but knows very little about the system when awake. I have tested the powers of this young lady frequently by taking the little bottles at random from the case, putting them into her hand, without either of us reading the labels, and writing her description of the use and effects of the contents; then on the bottle being returned I have noted the name of the medicine and have invariably found her statement agreeing with the recognised use of the medicine. I have seen a well-known homœopathic physician sit beside this young lady for several hours, with a large case containing some 300 bottles on his knees, and test her powers in a similar manner, taking the bottles out at random, and I believe he invariably found that on feeling the bottle she correctly described the properties of its contents, although she could not tell the name. My servant, Fletcher, who was so uneducated that she could not write and read but indifferently, had a considerable amount of this faculty. I one day enquired of her when in sleep-waking, "What little pills" (she called the globules little pills) "would do a lady good?" The lady suffered from obstinate and severe constipation and was cured by mesmerism. Fletcher instantly replied (from perception), "Give her graphites and opium." She would be puzzled to know, when awake, what the words opium and graphites mean, certainly has no knowledge of their properties; the homœopath will know that they were suitable medicines for the complaint. My eldest daughter has been occasionally clairvoyant, but knows no more of homœopathy than of Hebrew in her waking state.

One morning she aroused me by coming into our room for the keys. Her mother requested me to put her to sleep that we might know if a friend at Derby, who was dangerously ill and not expected to recover, was still alive. I called her to our bedside, took her hand, put her into sleep-waking, sent her to Derby, and obtained the required information. Whilst questioning her I became conscious of having a sore throat, and enquired if she could tell me what homœopathic medicine would cure it. She replied, "Why father, how should I know? I am not a doctor." I explained that Miss H. could do so when mesmerised, and perhaps she could if she desired to do it. She said, "I will try and think, but mind, I may be wrong." After thinking a few minutes she said, "You must take two globules of the same medicine which you gave me on Thursday night." This medicine was Belladonna, prescribed for her by a friend who is conversant with homœopathic remedies, to relieve a pain in the head. Desiring to test her, I refused her prescription, saying, "You are wrong, my dear, that is not the proper medicine; do you think you could find it if you had the cases?" She said she did not know, but would try if I wished her to do so; I gave her three pocket cases containing seventy-two different medicines, she felt one case betwixt the palms of her hands and presently rejected it, saying, "there is nothing in this box which will cure your throat." She felt another case in the same way and made a similar remark. She felt the third case and said, "there is a medicine in this case which will cure you if I am able to find it." She then opened the case and applied a finger to each bottle in succession, commenced this feeling again, and stopping at the sixth bottle, handed it to me, saying, "Take two globules directly from this bottle; I feel that it will cure your throat, but not more than two globules." I received the little bottle from her hand and read the label, it was *Belladonna*. I swallowed the two globules and my sore throat had departed within two hours. This was a beautiful example of instinctive faculty. She did not know that she had taken Belladonna for curing her headache, but it was a proper medicine for my throat, and was prescribed from instinctive perception. When I rejected it she selected the same medicine from seventy-two bottles by the sense of touch alone and her instinctive appreciation of its properties.

Hypnotism and Electro-Biology.—Mr. Braid, a respectable surgeon of Manchester, after attending some mesmeric lectures seven or eight years ago, was convinced of the genuine nature of the phenomena educed, but not convinced that there was any mesmeric emanation proceeding from the operator and acting on the subject. He ascribed the effects to the staring with the eyes at a fixed point until they were fatigued, and the continued

abstraction of the mind from a succession of ideas by keeping the attention directed to the object. He tried experiments successfully as to confirming him in his theory, by making persons stare at a cork tied to the forehead, or at a coin or other object held at such an angle above the forehead as to cause the eyes to squint and become fatigued speedily. Certain of the persons who tried this process soon closed their eyes, which they could not re-open, and had their nervous susceptibility so excited or exalted that they were obedient to tractive passes or processes; could have their limbs made rigid by the operator merely extending and telling them that they could not put them down; could have the cerebral organs stimulated phreno-mesmerically, and many passed into a state resembling sleep, but in which consciousness and subsequent memory remained. I am not aware that the mesmeric sleep-waking or deep unconscious sleep has been produced by this process on its first trial upon subjects who have never been mesmerised, but sensitive persons who have been frequently mesmerised may have their peculiar mesmeric state brought on by this process as readily as by any one of the customary mesmeric character. Mr. Braid named his process hypnotism (or nervous sleep), and has been exceedingly successful in his application of it as a curative agent. Lately a famous mesmeriser in the United States, Dr. Bovee Dodds, has made another application of this staring process, by causing the subject to fix his attention on a coin or a disk of zinc with a small portion of copper in its centre held in the hand. Dr. Dodds makes a distinction betwixt the states induced by this process and mesmerism which appears to me more fanciful than true; he designates the states caused by his process as electro-psychology, and calls mesmerism the "doctrine of sympathy"—electro-psychology the "doctrine of impressions." This system is now becoming well known as "electro-biology." Dr. Darling and Mr. Stone, two American gentlemen, are doing mesmerism good service, for by their lectures on electro-biology they must convince many persons of its truth, who would have declined to witness the same experiments with the same persons had they have been invited to attend a lecture on mesmerism. In these experiments I am inclined to doubt that any galvanic current appreciable by even a highly sensitive subject can be excited by the disk of zinc and copper; the *modus operandi* of its action appears strictly analogous to Mr. Braid's method of hypnotising. These methods induce a sensitive state on certain subjects, which causes them to succumb to the mesmeric influence of the operator or experimenter as readily as if the subjects had been rendered susceptible by the customary mesmeric operation. The whole of the experiments exhibited by Dr. Darling and Mr. Stone have been shown years ago and in public, by Spencer Hall and other lecturers on mesmerism, upon

subjects who were in their waking conscious state; every experienced mesmeriser is perfectly well acquainted with them; there is not anything new in the experiments, and very little novelty in the system unless it be in the name,—the state induced is precisely that which I have in the pages of this little book, called "The Mesmeric Waking State;" and the experiments are examples of what mesmerisers call "suggestive dreaming," and the effects of the "will power" of one upon the volition, sensation, or imagination of another. To mesmerise persons by making them look earnestly and for a long time at the mesmeriser who also gazes on his patient, is usually found the most efficacious method of making an impression; the process when sleep is desired should be completed by passes. I feel it my duty to warn the young operator that the hypnotic process is not free from great inconvenience at least, if not positive danger. I know many instances of persons who having been frequently hypnotised by Mr. Braid's method have become so sensitive that *on accidentally looking at any object above their eyes the eyes fix and the hypnotic state succeeds, to the great annoyance of the party, who cannot recover from it until wafted with a handkerchief or relieved by some other demesmerising process.* I have seen mesmeric patients mesmerised by accidentally fixing an earnest gaze at an object, we should therefore be cautious how we induce on persons the habit of passing into this sensitive nervous state by fixing their eyes and attention. If we desire it for the patient's benefit it is much safer and probably more beneficial to proceed by the recognised methods of mesmerising, if we begin by gazing we may finish by passes; I have no doubt that the steady gaze is useful as a means of exciting the patient's impressionability, but I see no good reason why the process should be confined to the steady gaze. The remarks made on Mr. Braid's hypnotic method are, I presume, equally applicable to the process of gazing at a disk or coin held in the hand.

Divining Chrystals.—There exists and is exercised by some persons a power or faculty of seeing the past, the distant present, and divining the future, by looking into spheres of glass or rock chrystal, or mirrors constructed in a particular way. Some of these seers can also see in bottles of mesmerised water. I am by no means in a condition to explain the cause of this power, but have no doubt as to its existence, having seen facts enough to convince me. The art of divining by these means is very ancient; and certain old formulæ for preparing and using the chrystals are known. When the chrystal has been fashioned and polished it is dedicated to some spirit: this is called "consecrating" it. Before using it is "charged" —that is, an invocation to this spirit is uttered requesting a

vision of the things which it is desired should be known; a young person is usually chosen to look into the globe for the required vision; the chrystal after a time becomes clouded and a minute vision appears then to be discerned by the seer in the chrystal, the vision being a miniature representation of persons, things, scenes, &c., &c., necessary to afford the information sought. When this and other information wished has been obtained the chrystal is "discharged," by thanking the spirit to whom it is dedicated for his services rendered and dismissing him from farther attendance. This certainly appears somewhat like ancient magic or "black art;" and doubtless is a kind or species of clairvoyance, but I am by no means satisfied that it is identical with mesmeric clairvoyance. If the seer can see as clearly in spheres or mirrors over which no invocation has been said as in those prepared and charged, then these matters are irrelevant and originate in error, and we may consider this faculty analogous to mesmerism—the silent gazing inducing the necessary sensitive state, and the desire to know causing a clairvoyant vision which the seer fancies he really perceives in the chrystal, although the impression is cerebral: if, on the contrary, the "call" or "charge"—that is, the invocation to some spirit—be necessary for success, then does the subject take another form differing from mesmeric clairvoyance, and which mesmerisers will certainly reject in so much that they do not invoke the assistance of spiritual beings in their operations, unless by the heartfelt prayer for Divine aid which many pious mesmerisers may feel it a duty to utter. We are, however, not to jump hastily or rashly to a conclusion that when an operator takes a chrystal or glass in his hand and "charges" it, the power communicated is supernatural, and success dependent on the assistance of a disembodied spirit, angel, or demon; for in the act of charging the operator may undesignedly mesmerise the chrystal, which again in consequence mesmerises the seer, and thus the effects obtained may be purely mesmeric and therefore natural, although the operator may suppose them to be supernatural. I have neither time nor inclination to look personally into this matter; I do know from facts which have been brought within my notice that it is possible to employ supernatural (or spiritual) agency to work effects in this natural world; I do know the frightful, awful, and fatal consequences to human beings which have followed from the exercise of such agency, having been employed as a mesmeriser to try and remedy the mischief done; and as a mesmeriser I repudiate it, and earnestly hope that my brother mesmerisers, whether they believe or not in the possibility of employing spiritual agents, will carefully avoid mixing up mesmerism with the arts and practices which profess to employ them.

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